

DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

**→MAIL STOP: 47866**

**COPY**

**REQUEST FOR ATTORNEY GENERAL SERVICES**

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**TO: KIM O'NEAL, AAG**

**FROM: DEBBIE SLOAN, LEGAL SECRETARY - DOH**

**RE: KAREN HAMILTON, MD**

**CASE # M2011-932**

**STAFF ATTORNEY: TERESA LANDREAU**

**DATE: June 17, 2010**

**Attached for your review and approval is the draft Statement of Charges and file copy concerning the above mentioned Respondent.**

The requested response/legal action is needed no later than July 18, 2010.

**CASE PRIORITY: A \_\_\_ B \_\_\_ C X**

Enclosures: Draft Statement of Charges  
File copy

# IMPORTANT MESSAGE

FOR

TERESA

DATE

6-14

TIME

2:55

A.M.  
P.M.

M

ROCHELLE MAUVIN

OF

425-235-7700 office

PHONE

2 - DOH Licensee Health Professional home...

cell

☐ FAX

AREA CODE

NUMBFR

EXTENSION

☐ MOBILE

AREA CODE

NUMBER

TIME TO CALL

TELEPHONED

PLEASE CALL

CAME TO SEE YOU

WILL CALL AGAIN

WANTS TO SEE YOU

RUSH

RETURNED YOUR CALL

SPECIAL ATTENTION

MESSAGE

re Karen Hamilton

6-14-2011 returned call &

Apoke to Dr. Nguyen -  
provided Arizona Med Bd  
contact info & MAAC

SIGNED

Complaint internet site

Office  
DEPOT

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**KAREN HAMILTON, MD**  
License No. MD00034688

Respondent

**No. M2011-932**

**STATEMENT OF CHARGES**

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2011-152562.

**1. ALLEGED FACTS**

1.1 On April 5, 1997, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 On February 3, 2011 an investigator for the Commission wrote to Respondent advising of the nature of the investigation authorized by the Commission in this matter. This letter directed Respondent to provide to the Commission within fourteen (14) days an explanatory statement and complete copy of medical and billing records for the complaining patient.

1.3 On February 17, 2011 the investigator mailed to Respondent a follow-up final demand that Respondent to provide the written statement and records within three (3) days.

1.4 Respondent has failed to provide a statement, records, or any explanation to the Commission.

**2. ALLEGED VIOLATIONS**

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180 (7), (8)(a),(b). and WAC 246-919-620, which provide:

**RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by: (a) Not furnishing any papers, documents, records, or other items; (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

**WAC 246-919-620 Cooperation with investigation.** (1) A licensee must comply with a request, under RCW 70.02.050, for health care records or documents from an investigator who is acting on behalf of the disciplining authority pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(2) A licensee must comply with a request for nonhealth care records or documents from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, then a subpoena shall be served upon the licensee to obtain the requested items.

(3) A licensee must comply with a request for Information from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2). This information may include, but is not limited to, an explanation of the matter under investigation, curriculum vitae, continuing medical education credits, malpractice action summaries, or hospital affiliations. The licensee will submit the requested Information within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(b) If the licensee fails to comply with the written reminder within three business days after the receipt of the reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(4) In negotiating a settlement on a statement of charges based on RCW 18.130.180(8), the reviewing commission member may take into consideration whether the licensee has complied with the request after the statement of charges has been issued. Any settlement proposal shall be presented to the commission or a duly constituted panel of the commission for a decision on ratification and until ratified, the settlement is not final.

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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### 3. NOTICE TO RESPONDENT

The charges in this document affect the public health, safety and welfare. The Disciplinary Manager of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: \_\_\_\_\_, 2011.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

\_\_\_\_\_  
DANI NEWMAN  
DISCIPLINARY MANAGER

\_\_\_\_\_, WSBA #  
ASSISTANT ATTORNEY GENERAL

**MQAC CASE REVIEW DISPOSITION**  
**Commission Meeting RCM Presentation**

Respondent: HAMILTON, KAREN Case Number: 2011-152562

Date Presented: <u>6-2-11</u>	RCM: <u>HARVEY</u>	License#: <input checked="" type="checkbox"/> MD/ <input type="checkbox"/> PA
Panel Chair: <u>DORE</u>	Staff Attorney: <u>LANOREAU</u>	MQAC Clerk: <u>KRAMER</u>

PANEL A	Cullen, Andison, Brantner, Burger, Clower, Concannon, Elders, Green, Johnson, Pattison, Tobin
PANEL B	Dore, Gotthold, Harter, Harvey, Hensley, Hopkins, Page, Robins, Ruiz, Sen

**SEXUAL MISCONDUCT CASES : RCW 18.130.062**

The Commission should refer sexual misconduct cases to the Secretary when there are no clinical issues involved. (The panel should make this decision by reviewing the complaint. If the panel cannot tell if clinical issues exist, the panel may request the investigator contact the complainant or key witness)

☐ Panel finds there are clinical issues, do not refer ☐ No clinical issues, refer case to Secretary ☐ Contact complainant or witness for more info

**A. REQUEST FOR LEGAL ACTION:**

☐ Summary Suspension

☐ Practice Restriction

<input checked="" type="checkbox"/> Statement of Charges	<input type="checkbox"/> Statement of Allegations /Stipulation to Informal Disposition
<input type="checkbox"/> Withdrawal of SOC	<input type="checkbox"/> Withdrawal of SOA
<input type="checkbox"/> Notice of Decision on Application: (Denied)	<input type="checkbox"/> Notice of Correction
<input type="checkbox"/> Notice of Decision on Application (Granted with conditions)	<input type="checkbox"/>

**Alleged Violations—RCW 18.130.180:**

<input type="checkbox"/> (1) Moral turpitude	<input type="checkbox"/> (10) Aiding and abetting	<input type="checkbox"/> (19) Treating by secret methods
<input type="checkbox"/> (2) Misrepresentation of facts	<input type="checkbox"/> (11) Violation of rules	<input type="checkbox"/> (20) Betrayal of patient privilege
<input type="checkbox"/> (3) False advertising	<input type="checkbox"/> (12) Practice beyond scope	<input type="checkbox"/> (21) Rebating
<input type="checkbox"/> (4) Incompetence	<input type="checkbox"/> (13) Misrepresentation or fraud	<input type="checkbox"/> (22) Interference with investigation
<input type="checkbox"/> (5) Out of state action	<input type="checkbox"/> (14) Failure to supervise	<input type="checkbox"/> (23) Current drug/alcohol misuse
<input type="checkbox"/> (6) Illegal use of drugs	<input type="checkbox"/> (15) Public health risk	<input type="checkbox"/> (24) Sexual contact/patient abuse
<input type="checkbox"/> (7) Violated state or federal law	<input type="checkbox"/> (16) Unnecessary or inefficacious drugs	<input type="checkbox"/> (25) Acceptance of more than nominal gratuity
<input type="checkbox"/> (8) Failure to cooperate	<input type="checkbox"/> (17) Criminal conviction	
<input type="checkbox"/> (9) Failure to comply	<input type="checkbox"/> (18) Criminal abortion	

**Other Violations of Relevant State or Federal Law or RCW 18.130.170:**

☐ Mental Impairment

☐ Physical Impairment

**B. CLOSED AFTER INVESTIGATION:**

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A8-No jurisdiction
<input type="checkbox"/> A2-Complainant withdrew	<input type="checkbox"/> A11- No whistleblower
<input type="checkbox"/> A3- Unique closure (Panel must explain)	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
<input type="checkbox"/> A5-Evidence does not support a violation	<input type="checkbox"/>

**C. OTHER EXPLANATIONS (Legal Review, Return to Investigation, etc.)**

1)

2)

# GUIDE FOR CLOSURE CODES

June 2010

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, suspension, or other means. <ul style="list-style-type: none"> <li>Respondent died.</li> <li>Other circumstances (explain): _____</li> </ul>
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> <li>Cannot establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision.</li> <li>Includes situations where the investigator was unable to obtain all material evidence.</li> <li>Despite the evidence, the alleged misconduct does not constitute a UDA violation.</li> </ul>
A-7	Mistaken Identity	Case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideloclosecode revised pjh0521-2010



**Master Case View Screen** [update]

Master Case M2011-932 (PUBLIC)	Receiving Board COMMISSION	Audit
Status Pending Service	Receiving Profession Physician And Surgeon License	Entry Items
Date Received 06/07/2011	Receiving Department Paralegal	Documents
	Received By Carolynn Bradley	Notes
	Found Issues	HIPDB Report
	Pending	Timeline His
	Case Nature	
	Failure to Cooperate with the Disciplining authority	

**Comments:**

- Priority History
- Attached Cases
- Other Participants
- Resolution
- HIPDB Reports
- TimeTracker
- Action Items

**Priority History** [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
Jun 7 2011 2:41PM	C Priority	Other...	Medical Commission	06/03/2011	Failure to Coop...	NO	Bradley, Caro

**Attached Cases** [add]

Case	Respondent	Case Comments	Resolution Notes
2011-152562	KAREN J HAMILTON	RCM: Harvey, MD	

**Other Participants** [add]

No additional participants found

**Resolution** [update]

Department: Staff Attorney	Resolution
Worker: Teresa Landreau	none
Date Closed:	

**Resolution Notes:****Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case I
No HIPDB Reports found for this credential.				

**Time Tracker****Charge Back Totals**

Department	Hours	Amount
------------	-------	--------

**Cost Recovery Totals**

Department	Hours	Amount
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**Cost Recovery Invoicing**

Respondent	InvoiceDate	User
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**Action Items** [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created ▼
Draft - Initiating Documents	Staff Attorney, Landreau, Teresa		[add]		06/03/2011			06/07/2011 Bradley, Ca
Action Info: Initiating Document Type SOC Packet								
Comments: 6/3/11 Panel B decision to issue SOC								
Change Master Case Owner	Staff Attorney, Landreau, Teresa				06/03/2011	06/03/2011		06/07/2011 Bradley, Ca
Intake	Paralegal, Bradley, Carolynn				06/03/2011	06/03/2011		06/07/2011 Bradley, Ca
Case Status: Status Changed To: Pending Service								
Action Info: Priority Entered? Yes								
Other Participants Entered? Yes								

**MQAC REVIEW**  
**Case Number: 2011-152562**

Date: January 6, 2011

Presented by: George Heye, MD

Slavin/Landreau/Harvey

<b>Respondent:</b>	<b>HAMILTON, KAREN J., MD</b>	<b>King County</b>
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<b>Complainant:</b>	Ms. 6 - Identity - Whistleblower regarding...
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**CASE SUMMARY**

**The Respondent:**

Board Certified:	OBSTETRICS AND GYNECOLOGY
DOB:	07-25-1959
Licensed since:	04-05-1997
Expiration date:	07-25-2011
Medical School:	1993—Med Coll of Wjsconsin; Milwaukee, WI
Residency:	07/1993-06/1997—Aurora Hlth Care, WI— OBSTETRICS AND GYNECOLOGY

**The Complainant:** A patient

**Malpractice Settlement:** N/A.

**The Complaint:** The complainant writes that the respondent performed laser vaginal rejuvenation (LVR) procedures on her on two separate occasions (November 2009 and January 2010) and neither procedure corrected her prolapsed bladder problem. The patient was told by the respondent that she would get better with time. When she tried to call the respondent in March of 2010 she was told that the respondent's office was closed and that she had relocated to Arizona. The patient subsequently saw other surgeons, one of whom told her that she had never had LVR and that there were exposed non dissolving stitches that were causing her pain and infections. The patient was told that she would need additional surgery to repair the damage done by the respondent and to address her original bladder issues.

**RCM Review** This patient was talked into a cosmetic procedure to "rejuvenate" her vagina when she needed a thorough urogynecologic evaluation and procedure. She was told this was not covered by her insurance and sank \$7500 into two procedures which failed to improve her symptoms. Then she found out the physician had left her practice and moved to Arizona. She was unable to get her records.

Investigation got no response with multiple attempts to contact this Respondent.

**Prior Cases:**

**2009-132852** – A school nurse says that the information provided to them by the respondent is insufficient to structure a health plan for a student while he is at school. A note from the respondent indicates that the 14 y/o teenager has had seizures of unknown origin from age 5 and they are uncontrolled except with marijuana. The respondent also sent the school a copy of the marijuana permission form signed by the respondent. The permission is good for one year. The medical records sent to the school from the respondent are from other physicians with a

last entry date of 3/11/2003. These records do not establish that the patient has a seizure disorder but rather black-out type spells or perhaps narcolepsy. A neurologist in the 2003 period reportedly felt the patient was faking but the mother disagreed and wanted a second opinion. At any rate the respondent provided no records of her own for this patient besides the brief entries referred to above.

**Closed NCFA.**

**2009-133400** – The complainant county prosecutor reports that a person who was recently arrested on a marijuana possession produced a medical marijuana form reportedly signed by the respondent. When asked who the respondent was the suspect did not know. When asked where he got the authorization form he said he went to a motel room, paid \$200 and got the letter. He reportedly did not meet the respondent or undergo any type of examination by her.

**Closed NCFA.**

**2010-142820** – Med mal payment report; \$350,000; Date of event: 03-22-2006; DCN: 5500000060194802.

A 33 y/o patient underwent a laparoscopic tubal ligation during which the bowel was perforated. The patient required a temporary colostomy and further extensive treatment.

**Closed NCFA.**

**2010-147037** – The complainant seems to be saying that an unlicensed osteopath assisted or performed a chin liposuction for one of respondent's patients. It is not clear whether this occurred at the Sonobello clinic or not.

**Currently in Case Disposition. Investigator: Slavin.**

**2010-147878** – The complainant says that the respondent rents out space in her office to an RN and an esthetician who apparently run their own businesses. The complainant feels this arrangement is illegal. (It is not clear what if any other business relationship exists between the respondent and the other practitioners.)

**Currently in Case Disposition. Investigator: Slavin.**

**2010-147971** – The complainant reports that the respondent has abandoned her practice, leaving her records and controlled medications, and not paying her bills or rent. She apparently instructed her nurse to see a patient who was five days post op. The respondent may have moved to Scottsdale, AZ to set up a Sono Bello clinic. The complainant has tried to contact the respondent by phone and email with no response.

**Currently in Investigations. Investigator: Slavin.**

**2010-148370** – A patient writes that the respondent has left town and abandoned her business. The patient is concerned about her medical record and wants to know how she can get a copy.

**Currently in Case Disposition. Investigator: Slavin.**

**Recommendation:**

1 - Attorney work product - RCW 42.56.290

**Landreau, Teresa (DOH)**

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**From:** Landreau, Teresa (DOH)  
**Sent:** Tuesday, May 31, 2011 2:05 PM  
**To:** Harvey, Susan (DOHi)  
**Subject:** Hamilton, Karen; 2011-152562 MD; completed investigation

Hello Dr. Harvey,

We have another shared case involving Dr. Karen Hamilton, 2011-152562 MD. This completed investigation relates to a standard of care / abandonment complaint from a patient following what the patient understood to be laser vaginal rejuvenation for a prolapsed bladder problem. . The issues expanded to include R's non-cooperation with MQAC's investigator, so we have no explanation or patient records from Respondent (and she has not provided her current address, although we were contacted by an attorney on her behalf). Complainant's subsequent treating physician provided tx records, which mention the stitches the Patient expresses concerns about.

The rest of the complaints on this physician mentioned in her history have all been closed. This is the only remaining current case.

Please let me know if I can assist with your review.

Hope to see you next Thursday here in Tumwater. This is the only case we have together that I know of right now.

Thanks for your work for the Commission.

Teresa (360) 236-2769

**Teresa Landreau  
Staff Attorney  
Medical Quality Assurance Commission  
243 Israel Rd SE, Olympia, WA 98501  
P.O. Box 47866, Olympia, WA 98504-7866  
Desk:(360) 236-2769  
Fax: (360) 586-4573**

*MQAC -- Vigilant and dedicated to patient safety, the public's protection, and the integrity of the profession.*

*NOTE: This email exchange is a public record and may be subject to disclosure under Public Records Act, RCW 42.56*

**Case View Screen** [update]

Case	2011-152562 (PUBLIC)	Date Created	01/06/2011	Audit
Status	Case Disposition	Date Received	01/03/2011	Entry Items
Respondent ID	330383	How Received	Email	Documents
Respondent	KAREN J HAMILTON	Receiving Board	COMMISSION	Notes
Credential	MD.MD.00034688	Receiving Profession	Physician And Surgeon License	Master Cases
Complainant ID	978103	Receiving Department	Case Intake	Participants
Complainant	6 - Identity - Whistleblow...	Received By	Cynthia R Hamilton	Add Master Case
		Alleged Issues		Timeline History
		Exploiting a Patient for Financial Gain		
		Fraud - Unspecified		
		Patient Abuse		
		Patient Care		
		Substandard or Inadequate Care		
		Substandard or Inadequate Skill Level		
		Case Nature		
		Abuse		
		Fraud		
		Standard of Care/Services		

Comments: RCM: Harvey, MD

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- TimeTracker
- Action Items

**Priority History** [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
Jan 26 2011 10:09AM	C Priority	Standard of Car...	Medical Commission	01/19/2011		NO	Creighton, Vicki I

**Other Participants** [add]**Contacts Affiliated with Other**

Staff Attorney: Teresa Landreau

**Resolution** [update]

Department: Staff Attorney	Found Issues
Worker: Teresa Landreau	none
Date Closed:	Resolution
	none

**Resolution Notes:****Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case ID
No HIPDB Reports found for this credential.				

**Time Tracker****Charge Back Totals**

Department Hours Amount

**Cost Recovery Totals**

Department Hours Amount

**Cost Recovery Invoicing**

Respondent InvoiceDate User

**Action Items** [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created ▼
Forward for Legal Review	Staff Attorney, Landreau, Teresa		[add]		04/29/2011			04/29/2011, Bucci, Ang
	Target: KAREN J HAMILTON, MD.MD.00034688							
Assign Staff Attorney	Staff Attorney, Landreau, Teresa		[add]		04/29/2011	04/29/2011		04/29/2011, Bucci, Ang
	Target: KAREN J HAMILTON, MD.MD.00034688							
Board/Commission Review	Case Management, Bucci, Angela M				04/29/2011	04/29/2011		04/29/2011, Bucci, Ang
	Target: KAREN J HAMILTON, MD.MD.00034688							
	Action Info: Reviewing Board/Commission Member 1 Harvey Susan							
Forward Case File	Case Management, Bucci, Angela M				04/12/2011	04/29/2011		04/12/2011, Bucci, Ang

for Copies (Copy Center)

Target: KAREN J HAMILTON, MD.MD.00034688					
Assigned RBM/RCM	Case Management, Bucci, Angela M		04/07/2011	04/12/2011	04/12/2011 Bucci, An
Target: KAREN J HAMILTON, MD.MD.00034688					
Action Info: Reviewing Bd/Comm Member Name Harvey Susan					
Forward for Case Manager Review Invest Complete	Case Management, Bucci, Angela M	[add]	04/07/2011	04/07/2011	04/07/2011 Creighton,
Target: KAREN J HAMILTON, MD.MD.00034688					
Case Status: Status Changed To: Case Disposition					
Investigative Forward for Closure of Investigation	Investigation Supervisor, Smith, James H	[add]	04/07/2011	04/07/2011	04/07/2011 Creighton,
Target: KAREN J HAMILTON, MD.MD.00034688					
Assign Investigator	Investigation, Slavin, Tim	[add]	01/26/2011	01/26/2011	01/26/2011 Creighton,
Target: KAREN J HAMILTON, MD.MD.00034688					
Action Info: Priority Set and Entered? Yes					
File Location	Investigation, Creighton, Vicki I		01/18/2011	01/26/2011	01/18/2011 Creighton,
Target: KAREN J HAMILTON, MD.MD.00034688					
Comments: Awaiting WBW return - due 2/1/11.					
Investigative Correspondence - General	Investigation, Creighton, Vicki I	[add]	01/14/2011	01/14/2011	01/18/2011 Creighton,
Target: KAREN J HAMILTON, MD.MD.00034688					
Comments: 1-14-11 Notification, acknowledgement & WBW letters mailed					
Forward for Investigation	Investigation Supervisor, Smith, James H		01/12/2011	01/12/2011	01/12/2011 Creighton,
Target: KAREN J HAMILTON, MD.MD.00034688					
Case Status: Status Changed To: Investigation					
Present for Assessment	Case Management, Hamilton, Cynthia R		01/06/2011	01/12/2011	01/12/2011 Creighton,
Target: KAREN J HAMILTON, MD.MD.00034688					
Case Status: Status Changed To: Assessment					
Action Info: Decision Date 01/12/2011					
CMT Decision Maker 1 Gotthold William					
CMT Decision Maker 2 Cullen Bruce					
CMT Decision Maker 3 Elders Theresa					
CMT Decision Maker 4 McLaughlin Jim					
CMT Decision Maker 5 Smith Jim					
CMT Decision Maker 6 Heye George					
CMT Decision Maker 7 Newman Dani					
Intake	Case Intake, Hamilton, Cynthia R		01/06/2011	01/06/2011	01/06/2011 Hamilton, Cyr
Target: KAREN J HAMILTON					
Warning: Warning Type: CASE PENDING					
Warning Effective Date: 01/06/2011					
Suppress License Print: NO					
Case Status: Status Changed To: Intake					
Action Info: Complaint Source Patient/Client/Resident					
Possible Imminent Danger? No					
Single Complaint					
Process Coordination Needed? No					

**CONFIDENTIAL INVESTIGATIVE REPORT**

**PREPARED FOR THE**

**MEDICAL QUALITY ASSURANCE COMMISSION**

\*\*\*\*\*

**CASE #2010-152562MD**

**Respondent:**

**Attorney:**

Karen J. Hamilton, MD

Board Certified: Obstetrics & Gynecology

DOB: 07-25-1959

License #: MD00034688

Licensed since: 04-05-1997

Expiration date: 07-25-2011

Medical School: 1993-Med College of Wisconsin; Milwaukee, WI

Residency: 07/1993-06/1997-Aurora Health Care, WI-Obstetrics & Gynecology

**ILRS Address:**

2 - DOH Licensee Health P...

**Clinic Address:**

1515-116<sup>th</sup> Avenue NE, #104

Bellevue, WA 98004-3811

(425) 455-8088

[karenobgyn@msn.com](mailto:karenobgyn@msn.com)

**Complainant:**

**Attorney:**

6 - Identity - Whistleblower regarding health care ...

Investigative Case File completed by Investigator Tim Slavin

APPROVED: James H. Smith

DATE: 4-7-11

### PRIOR CASE HISTORY:

**2009-132852** – A school nurse says that the information provided to them by the respondent is insufficient to structure a health plan for a student while he is at school. A note from the respondent indicates that the 14 y/o teenager has had seizures of unknown origin from age 5 and they are uncontrolled except with marijuana. The respondent also sent the school a copy of the marijuana permission form signed by the respondent. The permission is good for one year. The medical records sent to the school from the respondent are from other physicians with a last entry date of 3/11/2003. These records do not establish that the patient has a seizure disorder but rather black-out type spells or perhaps narcolepsy. A neurologist in the 2003 period reportedly felt the patient was faking but the mother disagreed and wanted a second opinion. At any rate the respondent provided no records of her own for this patient besides the brief entries referred to above. **Closed NCFA.**

**2009-133400** – The complainant county prosecutor reports that a person who was recently arrested on a marijuana possession produced a medical marijuana form reportedly signed by the respondent. When asked who the respondent was the suspect did not know. When asked where he got the authorization form he said he went to a motel room, paid \$200 and got the letter. He reportedly did not meet the respondent or undergo any type of examination by her. **Closed NCFA.**

**2010-142820** – Med mal payment report; \$350,000; Date of event: 03-22-2006; DCN: 5500000060194802. A 33 y/o patient underwent a laparoscopic tubal ligation during which the bowel was perforated. The patient required a temporary colostomy and further extensive treatment. **Closed NCFA.**

**2010-147037** – The complainant seems to be saying that an unlicensed osteopath assisted or performed a chin liposuction for one of respondent's patients. It is not clear whether this occurred at the Sonobello clinic or not. **Currently in Case Disposition. Investigator: Slavin.**

**2010-147878** – The complainant says that the respondent rents out space in her office to an RN and an esthetician who apparently run their own businesses. The complainant feels this arrangement is illegal. (It is not clear what if any other business relationship exists between the respondent and the other practitioners.) **Currently in Case Disposition. Investigator: Slavin.**



Continued

**2010-147971** – The complainant reports that the respondent has abandoned her practice, leaving her records and controlled medications, and not paying her bills or rent. She apparently instructed her nurse to see a patient who was five days post op. The respondent may have moved to Scottsdale, AZ to set up a Sono Bello clinic. The complainant has tried to contact the respondent by phone and email with no response. ***Currently in Investigations. Investigator: Slavin.***

**2010-148370** – A patient writes that the respondent has left town and abandoned her business. The patient is concerned about her medical record and wants to know how she can get a copy. ***Currently in Case Disposition. Investigator: Slavin.***

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## GENERAL CASE SUMMARY

A  
2pp  
COMPLAINT / ALLEGATIONS: The Medical Quality Assurance Commission received a complaint from 6 - Identity - Whistleblower regardin... (Patient) concerning Dr. Karen J. Hamilton (Respondent).

The Patient stated that the Respondent performed laser vaginal rejuvenation (LVR) procedures on her on two separate occasions (November 2009 and January 2010) and neither procedure corrected her prolapsed bladder problem.

The Patient stated that the Respondent told her (Patient) that she would get better with time. When the Patient attempted to call the Respondent in March of 2010, the Patient was told that the Respondent's office was closed and that she had relocated to Arizona. The Patient subsequently saw other surgeons, one of whom told her that she had never had LVR and that there were exposed non dissolving stitches that were causing her pain and infections. The Patient was told that she would need additional surgery to repair the damage performed by the Respondent and to address her original bladder issues.

Program Management requests an investigator to investigate.

CASE REVIEW: The Patient provided me with a copy of her last Face book correspondence with the Respondent dated 01-29-2011. See page 5.

The Patient also provided me with a copy of her medical records from her follow-up physician, Dr. Susan Walter of NW Urology. See pages 6-21.

I have been in contact with the Arizona State Medical Board concerning the Respondent's medical licensure status. The Respondent has applied for a Arizona Medical license but to this date has not been granted a license to practice in Arizona. The Arizona Medical Board Licensing staff is aware that the Respondent currently has cases under review by MQAC. Please notify the Arizona Medical Board of the Medical Commission's decision of the Respondent's current cases (4).

**I have been in contact with Attorney William Leedom who represented the Respondent in previous MQAC cases. To this date, I have not received Attorney Leedom's Notice of Representation for this current case.**

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996

Continued

I have attempted to contact the Respondent with my Letters of Cooperation's (4) for a statement and copies of the Patient's medical records. To this date, the Respondent has not responded.

The information in this Report is referred to Program Management for review. If addition information or investigation is requested, please advise.

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CONTACTS:

Arizona Board of Medical Examiners  
Ms. Christina Cassetta, Credentialing  
9545 E. W. Doubletree Ranch Road  
Scottsdale, Arizona 85828-5539  
(480) 551-2700  
Fax (480) 551-2704

William Leedom, Attorney  
Cate Brewer, Paralegal  
1700 Seventh Avenue, #1900  
Seattle, WA 98101-1397  
(206) 622-5511

6 - Identity - Whistleblower regarding health care provi...

ACTIVITY:

<u>Date</u>	<u>Activity</u>
07-27-2011	Received and reviewed the case file.
07-27-2011	8:00 a.m., I left a phone message for the Patient to call me at my given phone #. End of message.
01-27-2011	10:31 a.m., The Patient left a phone message to call her at <input type="text"/> <input type="text"/> 6 - Identify - Whi... End of message.
07-27-2011	10:38 a.m., I contacted the Patient by phone. The Patient reviewed her complaint with me. The Patient had no further complaint to append to her original complaint concerning the Respondent. I asked the Patient to identify her follow-up care provider's name. Dr. Susan Walter of NW Urology. The Patient informed me that she will be undergoing a procedure from Dr. Walter to correct the Respondent's surgery in March (2011). I asked the Patient to provide me a copy of the Respondent's medical billings and for a copy of her medical records from Dr. Walters. The Patient stated she would. I provided my phone # and mailing and e-mail address. The Patient informed me that she still has not received a copy of her medical records in order for Dr. Walter to review. I informed the Patient that I would have the Respondent forward a copy of her records to her home address. The Patient had no further comment. End of conversation.
01-27-2011	10:45 a.m., I left a phone message for Cate Brewer (CB) Attorney W. Leedom's legal assistant asking to call me and let me know whether or not they will be representing the Respondent in this given Case #. I left my phone #. End of message.
01-28-2011	9:50 a.m., I contacted Attorney W. Leedom (WL) by phone. I asked WL if he would be representing the Respondent in this matter. WL Informed me that he would attempt to contact her and would notify me by next Monday on whether or not he will be representing the Respondent in this matter. WL asked for information about the complaint. I informed WL that when I receive his NOA I will provide him the information about the complaint at that time. End of message.

Continued

- 01-28-2011 11:30 a.m., I contacted the Arizona Board of Medical Examiners, Credentialing Manager Christina Cassetta (CC) by phone and informed her of my inquiry concerning the Respondent. CC informed me that the Respondent is not licensed but has applied and that she (CC) is currently reviewing the Respondent's application. I informed CC that I am trying to contact the Respondent in Arizona but that I do not have any contact information. CC asked me to fax her a statement indicating my current investigation and that she would check with her supervisor to see if they could release any contact information about the Respondent. I obtained CC's fax #. See Contact information. I thanked CC for her assistance in this matter. End of conversation.
- 01-28-2011 I faxed my formal letter to CC. See pages 28-30.
- 02-01-2011 10:46 a.m., I contacted CB by phone and asked if WL had a chance to talk to the Respondent to find out whether or not he will be representing her in this matter. CB informed me that she would contact me when she had finds out. I thanked CB for her time. End of conversation.
- 02-03-2011 11:40 a.m. CC left a phone message providing the Respondent's mailing and e-mail address:      
2 - DOH Licensee Health Professional ... karenobgyn@msn.com. If you have any other questions please call me at (480) 551-2821. End of message.
- 02-03-2011 I mailed the Respondent's LOC's. See pages 32-35.
- 02-17-2011 I mailed the Respondent's 2<sup>nd</sup> LOC's. See pages 36-37.
- 02-28-2011 8:04 a.m., I left a phone message for the Patient to call me regarding the status of her medical records from Dr. Walter's office. I left my phone #. End of message.
- 03-01-2011 8:57 a.m., I left a phone message for the Patient to call me regarding the status of her medical records from Dr. Walter's office. I left my phone #. End of message.
- 03-01-2011 9:45 a.m., The Patient contacted me by phone and informed me that she is seeing Dr. Walter next week and that she would then provide me with a copy of Dr. Walter's medical records. I informed the Patient that I have been unable to contact the Respondent about her complaint and when I had received her records from Dr. Walter, I will turn the case in and notify the Staff's Attorney of the Respondent's uncooperation with this Investigator. The Patient had no further comment. End of conversation.

SOC  
FTC  
gab

**MQAC REVIEW**  
**Case Number: 2011-152562**

Date: January 6, 2011

Presented by: George Heye, MD

Slavin/Landreau/Harvey

<b>Respondent:</b>	<b>HAMILTON, KAREN J., MD</b>	<b>King County</b>
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<b>Complainant:</b>	Ms. 6 - Identity - Whistleblower regarding...
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**CASE SUMMARY**

**The Respondent:**

Board Certified:	OBSTETRICS AND GYNECOLOGY
DOB:	07-25-1959
Licensed since:	04-05-1997
Expiration date:	07-25-2011
Medical School:	1993—Med Coll of Wisconsin; Milwaukee, WI
Residency:	07/1993-06/1997—Aurora Hlth Care, WI— OBSTETRICS AND GYNECOLOGY

**The Complainant:** A patient

**Malpractice Settlement:** N/A.

**The Complaint:** The complainant writes that the respondent performed laser vaginal rejuvenation (LVR) procedures on her on two separate occasions (November 2009 and January 2010) and neither procedure corrected her prolapsed bladder problem. The patient was told by the respondent that she would get better with time. When she tried to call the respondent in March of 2010 she was told that the respondent's office was closed and that she had relocated to Arizona. The patient subsequently saw other surgeons, one of whom told her that she had never had LVR and that there were exposed non dissolving stitches that were causing her pain and infections. The patient was told that she would need additional surgery to repair the damage done by the respondent and to address her original bladder issues.

**RCM Review** This patient was talked into a cosmetic procedure to "rejuvenate" her vagina when she needed a thorough urogynecologic evaluation and procedure. She was told this was not covered by her insurance and sank \$7500 into two procedures which failed to improve her symptoms. Then she found out the physician had left her practice and moved to Arizona. She was unable to get her records.

Investigation got no response with multiple attempts to contact this Respondent.

**Prior Cases:**

**2009-132852** – A school nurse says that the information provided to them by the respondent is insufficient to structure a health plan for a student while he is at school. A note from the respondent indicates that the 14 y/o teenager has had seizures of unknown origin from age 5 and they are uncontrolled except with marijuana. The respondent also sent the school a copy of the marijuana permission form signed by the respondent. The permission is good for one year. The medical records sent to the school from the respondent are from other physicians with a



last entry date of 3/11/2003. These records do not establish that the patient has a seizure disorder but rather black-out type spells or perhaps narcolepsy. A neurologist in the 2003 period reportedly felt the patient was faking but the mother disagreed and wanted a second opinion. At any rate the respondent provided no records of her own for this patient besides the brief entries referred to above.

**Closed NCFA.**

**2009-133400** – The complainant county prosecutor reports that a person who was recently arrested on a marijuana possession produced a medical marijuana form reportedly signed by the respondent. When asked who the respondent was the suspect did not know. When asked where he got the authorization form he said he went to a motel room, paid \$200 and got the letter. He reportedly did not meet the respondent or undergo any type of examination by her.

**Closed NCFA.**

**2010-142820** – Med mal payment report; \$350,000; Date of event: 03-22-2006; DCN: 5500000060194802.

A 33 y/o patient underwent a laparoscopic tubal ligation during which the bowel was perforated. The patient required a temporary colostomy and further extensive treatment.

**Closed NCFA.**

**2010-147037** – The complainant seems to be saying that an unlicensed osteopath assisted or performed a chin liposuction for one of respondent's patients. It is not clear whether this occurred at the Sonobello clinic or not.

**Currently in Case Disposition. Investigator: Slavin.**

**2010-147878** – The complainant says that the respondent rents out space in her office to an RN and an esthetician who apparently run their own businesses. The complainant feels this arrangement is illegal. (It is not clear what if any other business relationship exists between the respondent and the other practitioners.)

**Currently in Case Disposition. Investigator: Slavin.**

**2010-147971** – The complainant reports that the respondent has abandoned her practice, leaving her records and controlled medications, and not paying her bills or rent. She apparently instructed her nurse to see a patient who was five days post op. The respondent may have moved to Scottsdale, AZ to set up a Sono Bello clinic. The complainant has tried to contact the respondent by phone and email with no response.

**Currently in Investigations. Investigator: Slavin.**

**2010-148370** – A patient writes that the respondent has left town and abandoned her business. The patient is concerned about her medical record and wants to know how she can get a copy.

**Currently in Case Disposition. Investigator: Slavin.**

**Recommendation:**

1 - Attorney work product - RCW 42.56.290

**Landreau, Teresa (DOH)**

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**From:** Landreau, Teresa (DOH)  
**Sent:** Tuesday, May 31, 2011 2:05 PM  
**To:** Harvey, Susan (DOHi)  
**Subject:** Hamilton, Karen; 2011-152562 MD; completed investigation

Hello Dr. Harvey,

We have another shared case involving Dr. Karen Hamilton, 2011-152562 MD. This completed investigation relates to a standard of care / abandonment complaint from a patient following what the patient understood to be laser vaginal rejuvenation for a prolapsed bladder problem. . The issues expanded to include R's non-cooperation with MQAC's investigator, so we have no explanation or patient records from Respondent (and she has not provided her current address, although we were contacted by an attorney on her behalf). Complainant's subsequent treating physician provided tx records, which mention the stitches the Patient expresses concerns about.

The rest of the complaints on this physician mentioned in her history have all been closed. This is the only remaining current case.

Please let me know if I can assist with your review.

Hope to see you next Thursday here in Tumwater. This is the only case we have together that I know of right now.

Thanks for your work for the Commission.

Teresa (360) 236-2769

**Teresa Landreau**  
**Staff Attorney**  
**Medical Quality Assurance Commission**  
**243 Israel Rd SE, Olympia, WA 98501**  
**P.O. Box 47866, Olympia, WA 98504-7866**  
**Desk: (360) 236-2769**  
**Fax: (360) 586-4573**

*MQAC -- Vigilant and dedicated to patient safety, the public's protection, and the integrity of the profession.*

*NOTE: This email exchange is a public record and may be subject to disclosure under Public Records Act, RCW 42.56*

Continued

03-28-2011 12:54 p.m., I contacted the Patient by phone. The Patient asked me to e-mail her my mailing address and would send a copy of her medical records to me. The Patient's e-mail address:

6 - Identity - Whistleblower regarding health care pro...

. I thanked the Patient for her assistance in this matter. End of conversation.

03-28-2011 I e-mailed the Patient. See page 26.

04-04-2011 I received Dr. Walter's medical records of the Patient. See pages 5-21.

04-06-2011 Computer time in writing the case report.

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## MQAC ASSIGNMENT MEMO

Case #: 2011-152562

Respondent: Hamilton, Karen J.

Date Received: 1-12-11 Date Assigned: 1-12-11

Investigator: TIM SLAVIN

Priority: A ☐ B ☐ C ☒ D ☐ Code: 04

☒ Respondent Notification Letter

☒ Complainant Acknowledgement Letter

☒ Whistleblower Letter & Waiver

☐ Malpractice Letter

Abandonment	Health & Safety Violations	Neglect	Possible Summary Action	Sexual Misconduct
Abduction	High visibility	No Patient Harm	Practice Beyond Scope	Single Complaint Process
Abuse	Imminent Harm	Non-Compliance	Prohibition in another state	Standard of Care <input checked="" type="checkbox"/>
Action w/other state/jurisdiction	Inappropriate Communication	Other	Sanitation	Substance Abuse
Credential Application	Inspection Issues	Patient Abuse	Serious Injury	Testing Issues
EMTALA	Jurisdictional Questions	Patient Death	Serious Physical Harm	Transfusion Fatality
Exposure to physical/fire hazards	Mandatory Suspension	Physical Plant	Sexual Contact	Unlicensed Practice

Comments: \_\_\_\_\_  
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Background Check Processed

Reports JAN 12 2011  
 NPDB/HIPDB  
 DEPARTMENT OF HEALTH  
 MEDICAL COMMISSION

**MQAC REVIEW**  
**Case Number: 2011-152562**

Date: January 6, 2011  
Presented by: **George Heye, MD**

<b>Respondent:</b>	<b>HAMILTON, KAREN J., MD</b>	<b>King County</b>
--------------------	-------------------------------	--------------------

<b>Complainant:</b>	Ms. <small>6 - Identity - Whistleblower regarding ...</small>
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**CASE SUMMARY**

**The Respondent:**

Board Certified:	OBSTETRICS AND GYNECOLOGY
DOB:	07-25-1959
Licensed since:	04-05-1997
Expiration date:	07-25-2011
Medical School:	1993—Med Coll of Wisconsin; Milwaukee, WI
Residency:	07/1993-06/1997—Aurora Hlth Care, WI— OBSTETRICS AND GYNECOLOGY

**The Complainant:** A patient

**Malpractice Settlement:** N/A.

**The Complaint:** The complainant writes that the respondent performed laser vaginal rejuvenation (LVR) procedures on her on two separate occasions (November 2009 and January 2010) and neither procedure corrected her prolapsed bladder problem. The patient was told by the respondent that she would get better with time. When she tried to call the respondent in March of 2010 she was told that the respondent's office was closed and that she had relocated to Arizona. The patient subsequently saw other surgeons, one of whom told her that she had never had LVR and that there were exposed non dissolving stitches that were causing her pain and infections. The patient was told that she would need additional surgery to repair the damage done by the respondent and to address her original bladder issues.

**RCM Review**

**Prior Cases:**

**2009-132852** – A school nurse says that the information provided to them by the respondent is insufficient to structure a health plan for a student while he is at school. A note from the respondent indicates that the 14 y/o teenager has had seizures of unknown origin from age 5 and they are uncontrolled except with marijuana. The respondent also sent the school a copy of the marijuana permission form signed by the respondent. The permission is good for one year. The medical records sent to the school from the respondent are from other physicians with a last entry date of 3/11/2003. These records do not establish that the patient has a seizure disorder but rather black-out type spells or perhaps narcolepsy. A neurologist in the 2003 period reportedly felt the patient was faking but the mother disagreed and wanted a second opinion. At any rate the respondent provided no records of her own for this patient besides the brief entries referred to above.

***Closed NCFA.***

**2009-133400** – The complainant county prosecutor reports that a person who was recently arrested on a marijuana possession produced a medical marijuana form reportedly signed by the respondent. When asked who the respondent was the suspect did not know. When asked where he got the authorization form he said he went to a motel room, paid \$200 and got the letter. He reportedly did not meet the respondent or undergo any type of examination by her.  
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A 33 y/o patient underwent a laparoscopic tubal ligation during which the bowel was perforated. The patient required a temporary colostomy and further extensive treatment.  
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***Currently in Investigations. Investigator: Slavin.***

**2010-148370** – A patient writes that the respondent has left town and abandoned her business. The patient is concerned about her medical record and wants to know how she can get a copy.

***Currently in Case Disposition. Investigator: Slavin.***

**Recommendation:**

## QUERY RESPONSE

This query was processed under the provisions of:

4 - Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Information – RCW 42.56.510, 45 CFR 61.14

### A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Type of Report(s)

Medical Malpractice Payment Report(s):

State Licensure Action(s):

Exclusion or Debarment Action(s):

Clinical Privileges Action(s):

Professional Society Action(s):

DEA/Federal Licensure Action(s):

Peer Review Organization Action(s):

4 - Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Information – RCW 42.56.510...

### B. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Subject Name:

Gender:

Date of Birth:

Other Name(s) Used:

Organization Name:

Organization Type:

Work Address:

City, State, ZIP:

Home Address:

City, State, ZIP:

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

Professional School(s) & Year of Graduation:

Occupation/Field of Licensure (Code):

State License Number, State of Licensure:

Drug Enforcement Administration (DEA) Numbers:

National Provider Identifiers (NPI):

Federal Employer Identification Numbers (FEIN):

Unique Physician Identification Numbers (UPIN):

4 - Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Information – RCW ...

### C. ENTITY INFORMATION

Entity Name:

Authorized Agent:

Authorized Submitter's Name:

Authorized Submitter's Title:

Authorized Submitter's Telephone:

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

## MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 5500000060194802

This report is maintained under the provisions of:

4 - Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Information – RCW 42.56.510, 45 CFR 61.14

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

### A. REPORTING ENTITY

Entity Name:  
Address:  
City, State, Zip:  
Country:  
Name of Office:  
Title or Department:  
Telephone:  
Entity Internal Report Reference:  
Type of Report:

### B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:  
Other Name(s) Used:  
Gender:  
Date of Birth:  
Organization Name:  
Work Address:  
City, State, ZIP:  
Home Address:  
City, State, ZIP:  
Deceased:  
Social Security Numbers (SSN):  
Professional School(s) & Year(s) of Graduation:  
Occupation/Field of Licensure (Code):  
State License Number, State of Licensure:  
Drug Enforcement Administration (DEA) Numbers:  
Hospital Affiliation(s):

4 - Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Inform...

### C. INFORMATION REPORTED

Date of Report:  
Relationship of Entity to  
This Practitioner:  
**PAYMENTS BY THIS**  
Amount of This Payment  
for This Practitioner:  
Date of This Payment:  
This Payment Represents:  
Total Amount Paid or to Be Paid by  
This Payer for This Practitioner:  
Payment Result of:  
Date of Judgment or Settlement, if Any:  
Adjudicative Body Case Number:  
Adjudicative Body Name:  
Court File Number:  
Description of Judgment or Settlement and Any  
Conditions, Including Terms of Payment:

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



DCN: 4 - Healthcare Integrity and ...

Process Date: 01/13/2010

Page: 2 of 3

4 - Healthcare I...

For authorized use by:  
WASHINGTON STATE DEPARTMENT OF  
HEALTH

**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case:

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case:

**PAYMENTS BY OTHER PAYER**

Has a State Guaranty Fund or State Excess Judgment Fund

Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?:

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?:

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies:

**CLASSIFICATION**

Patient's Age at Time of Initial Event:

Patient's Gender:

Patient Type:

Description of the Medical Condition With Which the Patient

Presented for Treatment:

Description of the Procedure Performed:

Nature of Allegation:

Specific Allegation:

Date of Event Associated With Allegation or Incident:

Outcome:

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

4 - Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Inform...

**D. SUBJECT  
STATEMENT**

4 - Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Information – RCW 42.56.510, 45 CFR 61.14

**E. REPORT STATUS**

4 - Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Information – RCW 42.56.510, 45 CFR 61.14

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

**National Practitioner Data Bank**  
**Healthcare Integrity and Protection**  
**Data Bank**  
P.O. Box 10832  
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 4 - Healthcare Integrity and Protecti...

Process Date: 01/13/2010

Page: 3 of 3

4 - Healthcare I...

For authorized use by:

WASHINGTON STATE DEPARTMENT OF  
HEALTH

Date of Original Submission:

Date of Most Recent Change:

4 - Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Informati...

**END OF REPORT**

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

Medical Quality Assurance Commission

CMT

Review of Cases

CMT Date/

Panel Members/

Decision:

**MQAC CMT - JANUARY 12, 2011**

William Gotthold, MD - Chair

Bruce Cullen, MD

Terri Elders, Public Member

**DECISION: Investigation authorized**

Case No.:

2011-152562

The attached pages were reviewed:

341-345

**MQAC REVIEW**  
**Case Number: 2011-152562**

Date: January 6, 2011  
Presented by: George Heye, MD

<b>Respondent:</b>	<b>HAMILTON, KAREN J., MD</b>	<b>King County</b>
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<b>Complainant:</b>	Ms. 6 - Identity - Whistleblower regardin...
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**CASE SUMMARY**

**The Respondent:**

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DOB:	07-25-1959
Licensed since:	04-05-1997
Expiration date:	07-25-2011
Medical School:	1993—Med Coll of Wisconsin; Milwaukee, WI
Residency:	07/1993-06/1997—Aurora Hlth Care, WI— OBSTETRICS AND GYNECOLOGY

**The Complainant:** A patient

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**RCM Review**

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**Closed NCFA.**

**2009-133400** – The complainant county prosecutor reports that a person who was recently arrested on a marijuana possession produced a medical marijuana form reportedly signed by the respondent. When asked who the respondent was the suspect did not know. When asked where he got the authorization form he said he went to a motel room, paid \$200 and got the letter. He reportedly did not meet the respondent or undergo any type of examination by her.

**Closed NCFA.**

**2010-142820** – Med mal payment report; \$350,000; Date of event: 03-22-2006; DCN: 5500000060194802.

A 33 y/o patient underwent a laparoscopic tubal ligation during which the bowel was perforated. The patient required a temporary colostomy and further extensive treatment.

**Closed NCFA.**

**2010-147037** – The complainant seems to be saying that an unlicensed osteopath assisted or performed a chin liposuction for one of respondent's patients. It is not clear whether this occurred at the Sonobello clinic or not.

**Currently in Case Disposition. Investigator: Slavin.**

**2010-147878** – The complainant says that the respondent rents out space in her office to an RN and an esthetician who apparently run their own businesses. The complainant feels this arrangement is illegal. (it is not clear what if any other business relationship exists between the respondent and the other practitioners.)

**Currently in Case Disposition. Investigator: Slavin.**

**2010-147971** – The complainant reports that the respondent has abandoned her practice, leaving her records and controlled medications, and not paying her bills or rent. She apparently instructed her nurse to see a patient who was five days post op. The respondent may have moved to Scottsdale, AZ to set up a Sono Bello clinic. The complainant has tried to contact the respondent by phone and email with no response.

**Currently in Investigations. Investigator: Slavin.**

**2010-148370** – A patient writes that the respondent has left town and abandoned her business. The patient is concerned about her medical record and wants to know how she can get a copy.

**Currently in Case Disposition. Investigator: Slavin.**

**Recommendation:**

**Hamilton, Cindy (DOH)**

---

**From:** Paradiso, Robin M (DOH)  
**Sent:** Monday, January 03, 2011 8:31 AM  
**To:** Creighton, Vicki I (DOH); Hamilton, Cindy (DOH)  
**Subject:** FW: complaint.pdf  
**Attachments:** complaint.pdf

Robin Paradiso  
Department of Health  
Complaint Intake Unit  
P.O. Box 47857  
Olympia, WA 98504-7857  
MS: 7857  
360-236-4688  
Email: [robin.paradiso@doh.wa.gov](mailto:robin.paradiso@doh.wa.gov)

-----Original Message-----

**From:** 6 - Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075  
**Sent:** Sunday, January 02, 2011 7:21 PM  
**To:** DOH HSQA Complaint Intake  
**Subject:** complaint.pdf



Washington State Department of

Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

## Complaint Form

Today's Date: 2 Jan 2011

### 1. Your Information

Name

Address:

City:

State:

Zip

Phone: Work (  )  Home (  )

### 2. Information about the Facility or Health Care Professional

Type of facility or profession: Office/Clinic

Name of facility or professional: Dr. Karen Hamilton

Address: 1515 116th Ave NE Suite 105

City: Bellevue

State: WA

Zip: 98004

### 3. Resident/Guest/Patient Information

Full Name (if different than above) \_\_\_\_\_

Date of Birth (of patient, if complaint involves a patient) 02/17/1967

Date of incident: 11/02/2009 and 01/17/2010

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members Involved in the incident. Email completed form to the Customer Service Center at [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov), or fax to 360.236.2626, or mail to:

Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

Please attach any supporting documentation and additional sheets if necessary.

In Oct 2009 I visited Dr Hamilton in her office in Bellevue at the above address. I had gone to see her because I needed surgery to lift my bladder and I had called and asked if the Laser Vaginal Rejuvenation (LVR) procedure offered by Dr Hamilton, which I had seen on an interview on King 5 News, would be able to be performed instead and if it would correct my prolapsed bladder. She assured me it would.

When I went to her office she explained the laser procedure and I was then informed that she did not accept insurance company payments since this was a revolutionary procedure and the insurance companies did not have the correct codes to enter in their system. And, also she was not willing to accept the lower amounts that insurance companies pay for procedures. So I would have to pay for it myself out of pocket. She assured me that this would be much better than the sling option my regular doctor was advising and that it would have no complications. My husband and I took out a loan to cover the \$7500.00 she was asking. I then came back on Nov 2nd for the procedure to be performed, and returned the next day to have the catheter and gauze packing removed. I informed her at the time that I felt like it did not improve my situation, but she kept on insisting it would get better and I just needed to be patient. She also kept asking me if I wished a prescription for Medical Marijuana. I told her no, but she kept advising me of it as an alternative to Narcotics. I called several times over the next few days and she kept telling me to be patient and if I wanted the Marijuana prescription. I had constant intense cramping and pain.

On Nov 9th I was involved in a car accident where I was rear-ended while stopped at a light by a vehicle traveling at high speed. I was then told 2 weeks later by Dr Hamilton that I would need to have the surgery again because the accident had ruined the previous surgery. This time she said she would make an exception and accept the Auto insurance policy to cover it, but she insisted they send the check directly to her, instead of sending it to me and then I countersign it and take it to her. It was for approximately \$5,600.00. I just wanted it fixed and this was the only way she was willing to perform the surgery. I was in a lot of pain so I agreed. She would not perform the surgery until the insurance company check cleared. On Jan 17th she performed the second surgery. As before it did not get much better and she insisted I needed to be patient and the pain would go away along with the other bladder issues. AND, of course, the Medical Marijuana prescription recommendation. Finally I called in March to inform her I was still not getting better and I found out her office was shut down. I left her a phone message and in response She left me a message on my Face Book account saying that "My life has been turned upside down by two unscrupulous ex-employees who defrauded and burglarized my practice, and I have had to suddenly shut down". I found out from Dr Hamilton's nurse that she was let go from Evergreen Hospital for Fraud and she was not supposed to be performing surgical procedures without a Surgeon's direct supervision, and she was not properly trained in the procedure she was performing. Also her Husband was there as an assistant for the procedures and I found out he also was let go from Evergreen. I have to date paid \$13,100.00 to Dr Hamilton. I am still paying back the original loan. I feel I have been taken for a fool. While she has left the state and fled to Arizona.

I have since been to visit my OB/GYN Doctor who apologized for Dr Hamilton's work. She told me I never had Laser Vaginal Rejuvenation (LVR) and that Dr Hamilton had used non-dissolving stitches that still remain exposed and cause constant infections and other pain. She referred me to a Urologist who is at a loss. She said the sutures I have cause the pain and infections, and should not be there. Since she cannot see the entirety of the damage caused by Dr Hamilton until she puts me under Anaesthesia to repair the damage itself we still don't know how extensive it is. But the procedure will have to be redone yet again. Please do something so this Dr Karen Hamilton can never cause pain and distress to another person ever again. Thank you.

6 - Identity - Whistleblower ...

For Department of Health use only

Reviewed for multiple authority applications:	Date _____	Name _____
Routed to: Multi-authority coordinator:	_____	date _____
Office	_____	date _____
Office	_____	date _____
Office	_____	date _____

345



**Case View Screen** [update]

Case	2011-152562 (PUBLIC)	Date Created	01/06/2011	Audit
Status	Assessment	Date Received	01/03/2011	Entry Items
Respondent ID	330383	How Received	Email	Documents
Respondent	KAREN J HAMILTON	Receiving Board	COMMISSION	Notes
Credential	MD.MD.00034688	Receiving Profession	Physician And Surgeon License	Master Cases
Complainant ID	978103	Receiving Department	Case Intake	Participants
Complainant	6 - Identity - Whistleblow...	Received ByC	ynthia R Hamilton	Add Master Case
		Alleged Issues		Timeline History
		Exploiting a Patient for Financial Gain		
		Fraud - Unspecified		
		Patient Abuse		
		Patient Care		
		Substandard or Inadequate Care		
		Substandard or Inadequate Skill Level		
		Case Nature		
		Abuse		
		Fraud		
		Standard of Care/Services		

**Comments:**

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

**Priority History** [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
------	----------	-----------------	----------------	---------------	---------	-----	------

**Other Participants** [add]

No additional participants found

**Resolution** [update]

Department: Case Management	Found Issues
Worker: Cynthia R Hamilton	none
Date Closed:	Resolution
	none

**Resolution Notes:****Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case ID
------	-----------------	--------	-----	---------

No HIPDB Reports found for this credential.

**Action Items** [add] [add group]

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created ▼	User
Present	Case Management, Hamilton, Cynthia R		01/06/2011				01/06/2011	Hamilton, Cynthia R
for Assessment	Target: KAREN J HAMILTON, MD.MD.00034688							
Case Status:	Status Changed To: Assessment							
Intake	Case Intake, Hamilton, Cynthia R		01/06/2011	01/06/2011			01/06/2011	Hamilton, Cynthia R
Target:	KAREN J HAMILTON							
Warning:	Warning Type: CASE PENDING							
	Warning Effective Date: 01/06/2011							
	Suppress License Print: NO							
Case Status:	Status Changed To: Intake							
Action Info:	Complaint Source: Patient/Client/Resident							
	Possible Imminent Danger? No							
	Single Complaint							
	Process Coordination Needed? No							



## AMA Physician Profile

### Name and Mailing Address:

KAREN JEANNE HAMILTON MD

2 - DOH Licensee Health Pro...

### Primary Office Address:

CASCADE MEDICAL AESTHETICS  
STE 105  
1515 116TH AVE NE  
BELLEVUE WA 98004-3811  
Phone: 1-425-455-8088

Birthdate: 07/25/1959

Birthplace: ENCINO, CA UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

### Practice Specialties Self Designated by the Physician\*:

Primary Specialty: GYNECOLOGY

Secondary Specialty: COSMETIC SURGERY

*\*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

AMA membership: NON MEMBER

\_\_\_\_\_ All Information from this Point Forward is Provided by the Primary Source \_\_\_\_\_

### Current and/or Historical Medical School:

MED COLL OF WI, MILWAUKEE WI 53226

Degree Awarded: Yes

Degree Year: 1993



## AMA Physician Profile

### Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

**Institution:** AURORA HLTH CARE

**State:** WISCONSIN

**Specialty :** OBSTETRICS & GYNECOLOGY

07/1993 - 06/1997  
(VERIFIED)

**Note:** If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1994**

### Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	04/05/1997	07/25/2011	ACTIVE	UNLIMITED	01/04/2011
WISCONSIN	MD	07/01/1994	10/31/1997	INACTIVE	UNLIMITED	12/07/2010

**Note:** When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

### Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1265410294	01/09/2006	NOT RPTD	NOT RPTD	NOT RPTD	05/03/2010

### ECFMG Certification:

**Applicant Number:**

**Note:** The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.



## AMA Physician Profile

### Federal Drug Enforcement Administration:

\* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
None	Reported		

Address:

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

### Specialty Board Certification(s)\*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

**Certifying Board:** AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

**Certificate:** OBSTETRICS & GYNECOLOGY

**Certificate Type:** GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	12/31/2009	12/31/2010	RE-CERT	12/09/2010
TIME LIMITED	12/31/2008	12/31/2009	RE-CERT(**)	12/09/2010
TIME LIMITED	12/07/2001	12/31/2007	INITIAL(**)	12/09/2010

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (\*\*) Indicates an expired certificate.

\*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.

### Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.



## AMA Physician Profile

### **Other Federal Sanction(s):**

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

### **Additional Information:**

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

*The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.*

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing  
Attn: Credentialing Products  
515 N. State Street  
Chicago, IL 60654  
800- 665-2882  
312 464-5900 (fax)

**If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.**

**Credential View Screen**

**KAREN J HAMILTON**

Address:

☒ Public ☐ Mail ☐ Renewal Mail

[change public address]

KAREN J HAMILTON

2 - DOH Licensee Health Professi...

ID 330383  
 Warnings CASE PENDING  
 SSN/FEIN 3 - DOH Licen...  
 Contact Standing Living  
 Contact Type INDIVIDUAL  
 Birth Date 07/25/1959  
 Public File YES  
 Mailing List  
 Legacy Licensure Name HAMILTON, KAREN J

Contact  
 Audit  
 Public Cases  
 Cont. Edu  
 Documents  
 Owned By/Key Mgmt  
 Exams  
 Experience  
 Notes  
 Schools  
 Supervises  
 SupervisedBy  
 Legacy  
 Librarian  
 Application  
 Other State License

2010-148370  
 CD  
 glavin

Comments:

**Physician And Surgeon License [form letter]**

Credential # MD.MD.00034688  
 Legacy License # MD00034688  
 Application Date  
 Effective Date 07/21/2009  
 Expiration Date 07/25/2011  
 First Issuance Date 04/05/1997  
 Last Date Of Contact  
 CE Due Date 07/25/2013

Credential Status ACTIVE (07/21/2009)  
 Status Reason ACTIVE  
 Amount Due \$0.00  
 Date Last Activity 8/9/2010 4:02:17 PM  
 Last Updated by Creighton, Vicki I  
 Certificate Sent Date 06/21/2010  
 Work Queue LEGACYDATA, DOH

Audit  
 Documents  
 Workflow  
 Key Mgmt  
 Fees  
 Notes  
 Print Docs  
 Comp. Audit  
 Renewal  
 Legacy

Comments:

Supervises User Defined License Data Legacy HIPDB

[update]

2011-152562

**Complainant View for 2011-152562** [back]

<input type="text" value="6 - Identity - Whistleblow..."/>	ID Contact Standing DOB: Phone # Email SSN/FEIN Public File Mailing List Contact Type	978103 Living <input type="text" value="6 - Identity - Whistleblower regarding ..."/>  YES ENFORCEMENT ENTRY
[change address] <input type="text" value="6 - Identity - Whistleblower regarding ..."/>		
Email: <input type="text" value="6 - Identity - Whistleblower regarding heal..."/>		

Comments:

**Credentials**

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
No Credentials on File						

[Update Contact](#)[Change Contact](#)





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
ADJUDICATIVE SERVICE UNIT

In the Matter of:

**KAREN HAMILTON**  
Credential No. MD00034688

Respondent.

Master Case No. M2011-932

**DECLARATION OF SERVICE  
BY MAIL**

I declare under penalty of perjury, under the laws of the state of Washington, that the following is true and correct:

On September 7, 2011, I served a true and correct copy of the Findings of Fact, Conclusions of Law and Final Order of Default (Failure to Respond), signed by the Panel Chair on August 24, 2011, by placing same in the U.S. mail by 5:00 p.m., postage prepaid, on the following parties to this case:

**KAREN J. HAMILTON**

2 - DOH Licensee Health Professional home address and...

**KRISTIN BREWER, AAG  
OFFICE OF THE ATTORNEY GENERAL  
PO BOX 40100  
OLYMPIA, WA 98504-0100**

DATED: THIS 7TH DAY OF SEPTEMBER, 2011.

  
Joleen Karl, Adjudicative Clerk Office  
Hearing Scheduler

cc: Dani Newman, Case Manager  
Robert Horner, Compliance Officer  
Teresa Landreau, Legal Unit

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**KAREN HAMILTON, MD**  
License No. MD00034688

Respondent

**No. M2011-932**

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND  
FINAL ORDER OF DEFAULT  
(Failure to Respond)**

This matter comes before the Commission for final order of default. Based on the record, the Commission now issues the following:

**1. FINDINGS OF FACT**

1.1 On April 5, 1997, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 The Department has filed the Declaration of Dani Newman, Health Services Consultant with attached exhibits.

1.3 On February 3, 2011 an investigator for the Commission wrote to Respondent advising of the nature of the investigation authorized by the Commission in this matter. This letter directed Respondent to provide to the Commission within fourteen (14) days an explanatory statement and complete copy of medical and billing records for the complaining patient.

1.4 On February 17, 2011 the investigator mailed to Respondent a follow-up final demand that Respondent provide the written statement and records within three (3) days.

1.5 Respondent has failed to provide a statement, records, or any explanation to the Commission.

1.6 On July 1, 2011, the Commission served Respondent with a copy of the following documents at Respondent's last known address:

- A. Statement of Charges;
- B. Notice of Your Legal Rights;

**ORIGINAL**

3.4 The effective date of this Order is that date the Adjudicative Clerk Office places the signed order into the U.S. mail. Respondent shall not submit any fees or compliance documents until after the effective date of this Order.

#### 4. COMPLIANCE WITH SANCTION RULES

The disciplining authority applies WAC 246-100-800, *et seq.*, to determine appropriate sanctions. WAC 246-100-800(2)(b)(iv) provides that "indefinite suspension may be imposed in default and waiver of hearing orders. The sanction of indefinite suspension adequately addresses the facts of this case and is an appropriate sanction.

#### 5. NOTICE TO PARTIES

This Order will be reported to the Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), the Federation of State Medical Board's Physician Data Center and elsewhere as required by law. HIPDB may report this Agreed Order to the National Practitioner Data Bank (45 CFR Part 60). This Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's listserv, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). It may be disclosed to the public upon request pursuant to the Public Records Act (Chapter 42.56 RCW). It will remain part of Respondent's file according to the state's records retention law and cannot be expunged.

Either Party may file a **petition for reconsideration**, RCW 34.05.461(3); 34.05.470. The petition must be filed within ten (10) days of service of this Order with:

Adjudicative Clerk Office  
Adjudicative Service Unit  
PO Box 47879  
Olympia, WA 98504-7879

and a copy must be sent to:

State of Washington  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia WA 98504-7866

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied twenty (20) days after the petition is filed if the Adjudicative Clerk Office has not responded to the petition or served written notice of the date by which action will be

C. Proposed Answer to Statement of Charges and Request for Settlement and Hearing;

1.7 The Answer to the Statement of Charges was due in the Adjudicative Clerk Office by July 21, 2011.

1.8 To date, the Adjudicative Clerk Office has not received an answer to the Statement of Charges. On August 3, 2011, the Adjudicative Clerk Office issued a Notice of Failure to Respond.

1.9 The Commission has no reason to believe Respondent is now or was in active military service, or a dependent of a person in active military service at the time the Statement of Charges was served.

**2. CONCLUSIONS OF LAW**

2.1 The Commission has jurisdiction over Respondent and over the subject matter of this case, RCW 18.130.040.

2.2 Respondent did not file a response to the Statement of Charges within the time allowed. WAC 246-11-270(1)(a)(i) or WAC 246-11-270(3). Respondent is in default and the Commission may issue a final order based on the evidence presented, RCW 18.130.090(1) and RCW 34.05.440.

2.3 Based upon the Findings of Fact, Respondent has engaged in unprofessional conduct in violation of RCW 18.130.180(7), (8)(a),(b) and WAC 26-919-620.

2.4 Sufficient grounds exist to take disciplinary action against Respondent's license. RCW 18.130.160 and 18.130.180.

**3. ORDER**

The COMMISSION ORDERS:

3.1 Respondent's license to practice as a physician and surgeon in the state of Washington is INDEFINITELY SUSPENDED.

3.2 Respondent shall immediately return all licenses to the Commission within ten (10) days of receipt of this Order.

3.3 If Respondent violates any provision of this Order in any respect the Commission may take further action against Respondent's license.

taken on the petition.

A petition for judicial review must be filed and served within thirty (30) days after service of this Order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the thirty (30) day period will begin to run upon the resolution of that petition, RCW 34.05.470(3).

The Order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Clerk Office, RCW 34.05.010(6). This Order was "served" upon you on the day it was deposited in the United States mail, RCW 34.05.010(19).

DATED: August 24, 2011.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

Linda A. Reig, J.D.  
PANEL CHAIR

PRESENTED BY:

TERESA LANDREAU, WSBA#9591  
DEPARTMENT OF HEALTH STAFF ATTORNEY

August 24, 2011  
DATE



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

RECEIVED  
JUL 12 2011  
DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

July 1, 2011

Karen Hamilton, MD

2 - DOH Licensee Health Professional home addr...

Re: No. M2011-932

Dear Dr. Hamilton:

Following the investigation of this matter, the Medical Quality Assurance Commission (Commission) has decided to issue charges against you. Enclosed are the following documents:

- Statement of Charges
- Notice of your Legal Rights
- Answer to Statement of Charges and Request for Settlement and Hearing (Answer)

**You must file your Answer with the Adjudicative Clerk Office no later than July 21, 2011.**

You may retain an attorney regarding this matter at your expense.

Department of Health Staff Attorney Teresa Landreau will represent the Commission for settlement purposes. Assistant Attorney General Kristin Brewer will represent the Commission in all matters relating to the hearing.

If you have any questions, you may contact Teresa Landreau at 360-236-2769.

Sincerely,

Debbie Sloan, Legal Secretary  
Medical Quality Assurance Commission  
360-236-2787

Enclosures

cc: Kristin Brewer, Assistant Attorney General  
Reviewing Commission Member  
Dani Newman, Disciplinary Manager



**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**KAREN HAMILTON, MD**  
License No. MD00034688

Respondent

**No. M2011-932**

**STATEMENT OF CHARGES**

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2011-152562.

**1. ALLEGED FACTS**

1.1 On April 5, 1997, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 On February 3, 2011 an investigator for the Commission wrote to Respondent advising of the nature of the investigation authorized by the Commission in this matter. This letter directed Respondent to provide to the Commission within fourteen (14) days an explanatory statement and complete copy of medical and billing records for the complaining patient.

1.3 On February 17, 2011 the investigator mailed to Respondent a follow-up final demand that Respondent to provide the written statement and records within three (3) days.

1.4 Respondent has failed to provide a statement, records, or any explanation to the Commission.

**2. ALLEGED VIOLATIONS**

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180 (7), (8)(a),(b) and WAC 246-919-620, which provide:

**RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

...

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by: (a) Not furnishing any papers, documents, records, or other items; (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

...

**WAC 246-919-620 Cooperation with investigation.** (1) A licensee must comply with a request, under RCW 70.02.050, for health care records or documents from an investigator who is acting on behalf of the disciplining authority pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

...

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(2) A licensee must comply with a request for nonhealth care records or documents from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

...

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, then a subpoena shall be served upon the licensee to obtain the requested items.

...



(3) A licensee must comply with a request for information from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2). This information may include, but is not limited to, an explanation of the matter under investigation, curriculum vitae, continuing medical education credits, malpractice action summaries, or hospital affiliations. The licensee will submit the requested information within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(b) If the licensee fails to comply with the written reminder within three business days after the receipt of the reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(4) In negotiating a settlement on a statement of charges based on RCW 18.130.180(8), the reviewing commission member may take into consideration whether the licensee has complied with the request after the statement of charges has been issued. Any settlement proposal shall be presented to the commission or a duly constituted panel of the commission for a decision on ratification and until ratified, the settlement is not final.

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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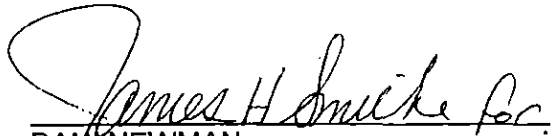
//


### 3. NOTICE TO RESPONDENT

The charges in this document affect the public health, safety and welfare. The Disciplinary Manager of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: July 1, 2011.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

  
DAMI NEWMAN  
DISCIPLINARY MANAGER

  
KRISTIN G. BREWER, WSBA # 38494  
ASSISTANT ATTORNEY GENERAL

## NOTICE OF YOUR LEGAL RIGHTS

**In the Matter of: Karen Hamilton, MD**  
**No. M2011-932**

The Medical Quality Assurance Commission (Commission) has issued a Statement of Charges alleging unprofessional conduct. The Statement of Charges starts the legal process to determine whether you have committed unprofessional conduct.

The Commission will determine sanctions under RCW 18.130.160 for proven violations. The Department of Health Adjudicative Clerk Office manages the hearing process.

### **Hearing Rights**

If you want a hearing to be scheduled and have an opportunity to settle the case, you must file an answer to the Statement of Charges. A form for your answer is enclosed.

**The Adjudicative Clerk Office must receive your answer within twenty (20) days from the date this notice was mailed to you.** If the twenty (20) day limit creates a hardship for you, you may write and ask for up to sixty (60) more days. You must give a good reason for your request. The Adjudicative Clerk Office must receive your written request within twenty (20) days from the date this notice was mailed to you.

After you file an answer, the Adjudicative Clerk Office will set the schedule for the hearing process. You may represent yourself or hire an attorney at your own expense. The Administrative Procedure Act, chapter 34.05 RCW, describes the hearing process. The Commission also uses the procedural rules in chapter 246-11 WAC.

### **Default**

**If the Adjudicative Clerk Office does not receive your timely answer, you will be in default and may not get a hearing. If you request a hearing but do not attend or participate in the prehearing conference or hearing, you are considered in default.** If you default, the case will be resolved without your input and may result in suspension or revocation of your license.

### **Waiver**

If you **waive your opportunity for settlement and a hearing** in your answer, you may submit a written statement for consideration by the Commission. The Adjudicative Clerk Office must receive your statement within the time allowed for your answer. The Commission will determine sanctions under RCW 18.130.160 based on the facts available to it, which includes the Statement of Charges, any supporting documentation provided to it, and any written statement and/or materials you attached to your answer.

### **Settlement**

Before you can try to settle this matter, you must first file a timely answer and ask for a hearing. After that, you may submit a written statement and any supporting materials to the staff attorney identified on the attached list. If a settlement is not achieved through written documents, you may ask for a settlement conference. If a settlement is not reached, the case will go to a hearing.

**Contact Information**

The names, addresses, and telephone numbers of the presiding officer, the parties, and their representatives are attached. **You must notify the Department and the Adjudicative Clerk Office in writing if your name and/or address changes.**

Based upon RCW 34.05.434, the following parties, representatives, and officers have been given notice of this proceeding:

**Adjudicative Clerk Office**

Adjudicative Service Unit:  
P.O. Box 47879  
Olympia, WA 98504-7879  
Phone: (360) 236-4670  
Fax: (360) 586-2171

**Health Law Judge, Presiding Officer**

Department Of Health  
P.O. Box 47879  
Olympia, WA 98504-7879  
Phone: (360) 236-4677  
Fax: (360) 586-2171

**Respondent:**

**Karen Hamilton, MD**

2 - DOH Licensee Health Professional home addr...

**Respondent's counsel:**

**Program Manager:**

Dani Newman, Disciplinary Manager  
P.O. Box 47866  
Olympia, WA 98504-7866  
Phone: (360) 236-2764

**Assistant Attorney General:**

Kristin Brewer  
Office of the Attorney General  
P.O. Box 40100  
Olympia, WA 98504-0100  
Phone: (360) 586-2750  
Fax: (360) 664-0229

**Representative for settlement purposes**

Teresa Landreau, Staff Attorney  
Department Of Health  
Medical Commission  
P.O. Box 47866  
Olympia, WA 98504-7866  
Phone: (360) 236-2769  
Fax: (360) 586-4573

### Interpreter Request

We can help if you do not speak English well or you are hearing impaired. An interpreter may be at a hearing to help you. The interpreter will be provided at no cost to you.

We need some information from you to provide the right interpreter. Please provide the information below and return it within ten (10) working days.

BUSINESS/CASE NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_

HEARING IMPAIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

English-speaking person to be contacted for any questions:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Requester's signature

**RETURN COMPLETED FORM TO:**

**ADJUDICATIVE CLERK OFFICE**  
**ADJUDICATIVE SERVICE UNIT**  
**P O Box 47879**  
**Olympia, WA 98504-7879**

INTERPRETER REQUEST  
NO. M2011-932

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**KAREN HAMILTON, MD**  
License No. MD00034688

**No. M2011-932**

**ANSWER TO  
STATEMENT OF CHARGES**

Respondent

TO: Karen Hamilton, MD

2 - DOH Licensee Health Professional home addr...

Correct Name: \_\_\_\_\_

Correct Address: \_\_\_\_\_  
\_\_\_\_\_

Correct Phone: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:** Please use this form to answer the Statement of Charges and to request an adjudicative proceeding and opportunity for settlement. Correct your name, address, and phone number above, if necessary. Enter your answers below, then sign and date this form. Return it to:

DEPARTMENT OF HEALTH  
ADJUDICATIVE CLERK OFFICE  
ADJUDICATIVE SERVICE UNIT  
P.O. BOX 47879  
OLYMPIA, WA 98504-7879  
TELEPHONE: 360-236-4677

**THE ADJUDICATIVE CLERK OFFICE (ACO) MUST RECEIVE THIS COMPLETED FORM WITHIN TWENTY (20) DAYS FROM THE DATE IT WAS MAILED TO YOU.**

If the twenty (20) day limit results in a hardship, you may request an extension in writing. ACO must receive your request for an extension within twenty (20) days from

ANSWER TO STATEMENT OF CHARGES  
NO. M2011-932

PAGE 1 OF 4

ANSWER ALL PROFESSIONS - REV. 4-10

the date this form was mailed to you. For good cause, the Medical Quality Assurance Commission (Commission) will grant an extension not to exceed sixty (60) days.

Failure to file an answer within the twenty (20) day time limit or within the time limit established by an extension will result in a default. If you are in default you will lose your right to a hearing, and the Commission will enter a Default Order in this case without your participation. The Default Order may result in the suspension or revocation of your license.

### 1. REQUEST FOR ADJUDICATIVE PROCEEDING AND/OR SETTLEMENT

**INSTRUCTIONS:** Mark one (1) of the following:

- ☐ I waive my right to an adjudicative proceeding. I enclose my written statement and/or materials for the Commission to consider in deciding the case.
- ☐ I request an adjudicative proceeding and an opportunity for settlement. If settlement is not reached, I am entitled to a hearing. I understand that a scheduling order will be issued and that either I or my attorney will be required to participate in all scheduled conferences and the hearing.

### 2. REPRESENTATION

**INSTRUCTIONS:** Mark the appropriate response and provide correct information:

- ☐ I will be represented by an attorney who must file a Notice of Appearance. Name, address, and phone number are:

Name:

Address:

Phone:

- ☐ I will not be represented by an attorney.

### 3. RESPONSE TO ALLEGATIONS

**INSTRUCTIONS FOR ADJUDICATION/SETTLEMENT:** Indicate below whether you admit, deny, or do not contest each of the alleged facts contained in the numbered



paragraphs in the Statement of Charges. Check one (1) response for each numbered paragraph.

Paragraph Number	Admit	Deny	Do Not Contest
1.1			
1.2			
1.3			
1.4			
2.1			
2.2			

**INSTRUCTIONS FOR WAIVER:** Mark the appropriate response:

- ☐ I have attached a statement and/or other documents in my defense or in mitigation of charges.
- ☐ I have not attached a statement and/or other documents.

#### **4. INTERPRETER REQUEST**

**INSTRUCTIONS:** Complete the appropriate information if you request an interpreter because of a limited English speaking ability and/or because of a hearing or speech impairment.

- ☐ I request that a qualified interpreter be appointed to interpret for me due to a limited English speaking ability. My primary language is:  
\_\_\_\_\_
- ☐ I request that a qualified interpreter be appointed to interpret for me due to a hearing and/or speech impairment. My hearing or speech impairment requires that an interpreter be able to communicate in the following language:  
\_\_\_\_\_

## 5. PROCEDURAL RIGHTS

You have the right to an adjudicative proceeding and a hearing, to be represented by an attorney at your own expense, to subpoena witnesses or the production of books or documents, and to otherwise defend against the allegations in the Statement of Charges. The rules relating to the hearing process are contained in Chapter 246-11 WAC.

DATED: \_\_\_\_\_, 2011.

\_\_\_\_\_  
KAREN HAMILTON, MD  
RESPONDENT



**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**KAREN HAMILTON, MD**  
License No. MD00034688

**No. M2011-932**

**DECLARATION OF SERVICE  
BY MAIL**

Respondent

Under penalty of perjury under the laws of the state of Washington, I declare that  
the following is true and correct:

On July 1, 2011, I deposited in the United States mail, a properly addressed and  
stamped envelope containing a true and correct copy of the Statement of Charges,  
Notice of your Legal Rights and the Answer to Statement of Charges, on the following  
parties:

Kristin Brewer, AAG  
Attorney General's Office  
P.O. Box 40100  
Olympia, Wa 98504-0100

Karen Hamilton, MD

2 - DOH Licensee Health Professional home addr...

  
DEBBIE SLOAN, LEGAL SECRETARY

**Original filed with:**  
Department of Health  
Adjudicative Clerk Office  
P.O. Box 47879  
Olympia, WA 98504-7879

DECLARATION OF SERVICE BY MAIL  
NO. M2011-932

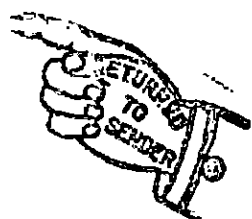
PAGE 1 OF 1



DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO BOX 47866  
OLYMPIA WA 98504-7866



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KAREN HAMILTON, MD  
UNDELIVERABLE  
AS ADDRESSED UNABLE  
TO FORWARD

CONFIDENTIAL



**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**KAREN HAMILTON, MD**  
License No. md00034688

Respondent

**No. M2011-932**

**DECLARATION OF DANI  
NEWMAN REGARDING FAILURE  
TO RESPOND**

I, Dani Newman, declare as follows:

1. I am the Disciplinary Manager for the Medical Quality Assurance Commission (Commission).
2. In that position, I am familiar with the disciplinary file regarding Karen Hamilton, MD, Respondent.
3. On April 5, 1997, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.
4. On July 1, 2011, the Commission served a Statement of Charges alleging unprofessional conduct by Respondent. A Notice of your Legal Rights and Answer to Statement of Charges and Request for Settlement and Hearing were also served on the same date. The documents were served at Respondent's last known address on file with the Department.
5. There is no information in the file to suggest that Respondent is now or was in active military service, or a dependent of a person in active military service at the time the Statement of Charges was served.
6. Respondent has not filed a response to the Statement of Charges.
7. Attached are true and correct copies of documents in the Commission file for this matter.
  - A. Exhibit A is a copy of the General Case Summary portion of the investigative report completed by the investigator for the Commission on April 7, 2011 (2 pages).

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**KAREN HAMILTON, MD**  
License No. MD00034688

Respondent

**No. M2011-932**

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND  
FINAL ORDER OF DEFAULT  
(Failure to Respond)**

This matter comes before the Commission for final order of default. Based on the record, the Commission now issues the following:

**1. FINDINGS OF FACT**

1.1 On April 5, 1997, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 The Department has filed the Declaration of Dani Newman, Health Services Consultant with attached exhibits.

1.3 On February 3, 2011 an investigator for the Commission wrote to Respondent advising of the nature of the investigation authorized by the Commission in this matter. This letter directed Respondent to provide to the Commission within fourteen (14) days an explanatory statement and complete copy of medical and billing records for the complaining patient.

1.4 On February 17, 2011 the investigator mailed to Respondent a follow-up final demand that Respondent provide the written statement and records within three (3) days.

1.5 Respondent has failed to provide a statement, records, or any explanation to the Commission.

1.6 On July 1, 2011, the Commission served Respondent with a copy of the following documents at Respondent's last known address:

- A. Statement of Charges;
- B. Notice of Your Legal Rights;



C. Proposed Answer to Statement of Charges and Request for Settlement and Hearing;

1.7 The Answer to the Statement of Charges was due in the Adjudicative Clerk Office by July 21, 2011.

1.8 To date, the Adjudicative Clerk Office has not received an answer to the Statement of Charges. On August 3, 2011, the Adjudicative Clerk Office issued a Notice of Failure to Respond.

1.9 The Commission has no reason to believe Respondent is now or was in active military service, or a dependent of a person in active military service at the time the Statement of Charges was served.

## **2. CONCLUSIONS OF LAW**

2.1 The Commission has jurisdiction over Respondent and over the subject matter of this case, RCW 18.130.040.

2.2 Respondent did not file a response to the Statement of Charges within the time allowed. WAC 246-11-270(1)(a)(i) or WAC 246-11-270(3). Respondent is in default and the Commission may issue a final order based on the evidence presented, RCW 18.130.090(1) and RCW 34.05.440.

2.3 Based upon the Findings of Fact, Respondent has engaged in unprofessional conduct in violation of RCW 18.130.180(7), (8)(a),(b) and WAC 26-919-620.

2.4 Sufficient grounds exist to take disciplinary action against Respondent's license. RCW 18.130.160 and 18.130.180.

## **3. ORDER**

The COMMISSION ORDERS:

3.1 Respondent's license to practice as a physician and surgeon in the state of Washington is INDEFINITELY SUSPENDED.

3.2 Respondent shall immediately return all licenses to the Commission within ten (10) days of receipt of this Order.

3.3 If Respondent violates any provision of this Order in any respect the Commission may take further action against Respondent's license.

3.4 The effective date of this Order is that date the Adjudicative Clerk Office places the signed order into the U.S. mail. Respondent shall not submit any fees or compliance documents until after the effective date of this Order.

#### 4. COMPLIANCE WITH SANCTION RULES

The disciplining authority applies WAC 246-100-800, *et seq.*, to determine appropriate sanctions. WAC 246-100-800(2)(b)(iv) provides that "indefinite suspension may be imposed in default and waiver of hearing orders. The sanction of indefinite suspension adequately addresses the facts of this case and is an appropriate sanction.

#### 5. NOTICE TO PARTIES

This Order will be reported to the Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), the Federation of State Medical Board's Physician Data Center and elsewhere as required by law. HIPDB may report this Agreed Order to the National Practitioner Data Bank (45 CFR Part 60). This Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's listserv, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). It may be disclosed to the public upon request pursuant to the Public Records Act (Chapter 42.56 RCW). It will remain part of Respondent's file according to the state's records retention law and cannot be expunged.

Either Party may file a **petition for reconsideration**, RCW 34.05.461(3); 34.05.470. The petition must be filed within ten (10) days of service of this Order with:

Adjudicative Clerk Office  
Adjudicative Service Unit  
PO Box 47879  
Olympia, WA 98504-7879

and a copy must be sent to:

State of Washington  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia WA 98504-7866

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied twenty (20) days after the petition is filed if the Adjudicative Clerk Office has not responded to the petition or served written notice of the date by which action will be

taken on the petition.

A petition for judicial review must be filed and served within thirty (30) days after service of this Order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the thirty (30) day period will begin to run upon the resolution of that petition, RCW 34.05.470(3).

The Order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Clerk Office, RCW 34.05.010(6). This Order was "served" upon you on the day it was deposited in the United States mail, RCW 34.05.010(19).

DATED: August 24, 2011.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

Linda A. Reig, J.D.  
PANEL CHAIR

PRESENTED BY:

3/  
TERESA LANDREAU, WSBA#9591  
DEPARTMENT OF HEALTH STAFF ATTORNEY

August 24, 2011  
DATE

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
ADJUDICATIVE SERVICE UNIT

In the Matter of:

**KAREN HAMILTON, MD,**  
Credential No: MD00034688

Respondent.

) Master Case No. M2011-932  
)  
)  
)

) NOTICE OF FAILURE TO **RECEIVED**  
) RESPOND

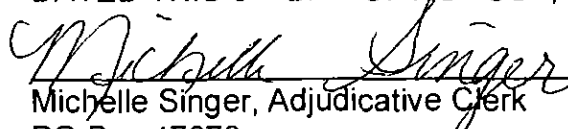
AUG 04 2011

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

TO: Kristin Brewer, Assistant Attorney General  
Office of the Attorney General  
P. O. Box 40100  
Olympia, WA 98504-0100

THIS NOTICE is to advise you that as of this date the Respondent in the above-entitled matter has not responded to the Statement of Charges served July 1, 2011.

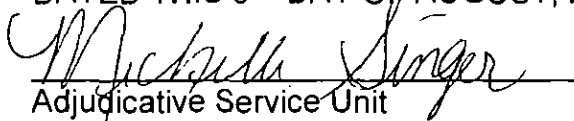
DATED THIS 3<sup>rd</sup> DAY OF AUGUST, 2011

  
Michelle Singer, Adjudicative Clerk  
PO Box 47879  
Olympia, WA 98504-7879  
(360) 236-4670

DECLARATION OF SERVICE BY MAIL

I declare that today, at Olympia, Washington, I served a copy of this document upon the following parties of record: Kristin Brewer, Assistant Attorney General, by mailing a copy properly addressed with postage prepaid.

DATED THIS 3<sup>rd</sup> DAY OF AUGUST, 2011.

  
Adjudicative Service Unit

c: Karen Hamilton, MD, Respondent

2 - DOH Licensee Health Professional home address...

Dani Newman, Disciplinary Manager  
Teresa Landreau, Legal Unit



State of Washington  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866  
Olympia WA 98504-7866

PRESORTED  
FIRST CLASS



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Tim

Karen J. Hamilton M

2 - DOH Licensee Health ...

RECEIVED

AUG 23 2011

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

NIXIE 900 DE 1 00 08/19/11

RETURN TO SENDER  
VACANT  
UNABLE TO FORWARD

BC: 985047866 \*2589-01330-12-34

FMXUS58 88652



Donna  
Please submit  
to Hamilton Lane  
11-15997640  
8/23/11  
Thank you  
(75)





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

July 1, 2011

Karen Hamilton, MD

2 - DOH Licensee Health Professional home a...

Re: No. M2011-932

Dear Dr. Hamilton:

Following the investigation of this matter, the Medical Quality Assurance Commission (Commission) has decided to issue charges against you. Enclosed are the following documents:

- Statement of Charges
- Notice of your Legal Rights
- Answer to Statement of Charges and Request for Settlement and Hearing (Answer)

**You must file your Answer with the Adjudicative Clerk Office no later than July 21, 2011.**  
You may retain an attorney regarding this matter at your expense.

Department of Health Staff Attorney Teresa Landreau will represent the Commission for settlement purposes. Assistant Attorney General Kristin Brewer will represent the Commission in all matters relating to the hearing.

If you have any questions, you may contact Teresa Landreau at 360-236-2769.

Sincerely,

Debbie Sloan, Legal Secretary  
Medical Quality Assurance Commission  
360-236-2787

Enclosures

cc: Kristin Brewer, Assistant Attorney General  
Reviewing Commission Member  
Dani Newman, Disciplinary Manager



**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**KAREN HAMILTON, MD**  
License No. MD00034688

Respondent

**No. M2011-932**

**STATEMENT OF CHARGES**

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2011-152562.

**1. ALLEGED FACTS**

1.1 On April 5, 1997, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 On February 3, 2011 an investigator for the Commission wrote to Respondent advising of the nature of the investigation authorized by the Commission in this matter. This letter directed Respondent to provide to the Commission within fourteen (14) days an explanatory statement and complete copy of medical and billing records for the complaining patient.

1.3 On February 17, 2011 the investigator mailed to Respondent a follow-up final demand that Respondent to provide the written statement and records within three (3) days.

1.4 Respondent has failed to provide a statement, records, or any explanation to the Commission.

**2. ALLEGED VIOLATIONS**

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180 (7), (8)(a),(b) and WAC 246-919-620, which provide:



**RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

...

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by: (a) Not furnishing any papers, documents, records, or other items; (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

...

**WAC 246-919-620 Cooperation with investigation.** (1) A licensee must comply with a request, under RCW 70.02.050, for health care records or documents from an investigator who is acting on behalf of the disciplining authority pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

...

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(2) A licensee must comply with a request for nonhealth care records or documents from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

...

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, then a subpoena shall be served upon the licensee to obtain the requested items.

...

(3) A licensee must comply with a request for information from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2). This information may include, but is not limited to, an explanation of the matter under investigation, curriculum vitae, continuing medical education credits, malpractice action summaries, or hospital affiliations. The licensee will submit the requested information within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(b) If the licensee fails to comply with the written reminder within three business days after the receipt of the reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(4) In negotiating a settlement on a statement of charges based on RCW 18.130.180(8), the reviewing commission member may take into consideration whether the licensee has complied with the request after the statement of charges has been issued. Any settlement proposal shall be presented to the commission or a duly constituted panel of the commission for a decision on ratification and until ratified, the settlement is not final.

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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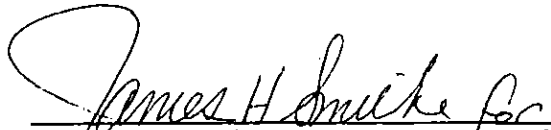
//

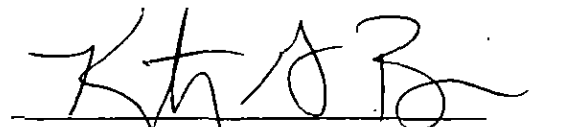
### 3. NOTICE TO RESPONDENT

The charges in this document affect the public health, safety and welfare. The Disciplinary Manager of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: July 1, 2011.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

  
DAN NEWMAN  
DISCIPLINARY MANAGER

  
KRISTIN G. BREWER, WSBA # 38494  
ASSISTANT ATTORNEY GENERAL

## NOTICE OF YOUR LEGAL RIGHTS

**In the Matter of: Karen Hamilton, MD  
No. M2011-932**

The Medical Quality Assurance Commission (Commission) has issued a Statement of Charges alleging unprofessional conduct. The Statement of Charges starts the legal process to determine whether you have committed unprofessional conduct.

The Commission will determine sanctions under RCW 18.130.160 for proven violations. The Department of Health Adjudicative Clerk Office manages the hearing process.

### **Hearing Rights**

If you want a hearing to be scheduled and have an opportunity to settle the case, you must file an answer to the Statement of Charges. A form for your answer is enclosed.

**The Adjudicative Clerk Office must receive your answer within twenty (20) days from the date this notice was mailed to you.** If the twenty (20) day limit creates a hardship for you, you may write and ask for up to sixty (60) more days. You must give a good reason for your request. The Adjudicative Clerk Office must receive your written request within twenty (20) days from the date this notice was mailed to you.

After you file an answer, the Adjudicative Clerk Office will set the schedule for the hearing process. You may represent yourself or hire an attorney at your own expense. The Administrative Procedure Act, chapter 34.05 RCW, describes the hearing process. The Commission also uses the procedural rules in chapter 246-11 WAC.

### **Default**

**If the Adjudicative Clerk Office does not receive your timely answer, you will be in default and may not get a hearing. If you request a hearing but do not attend or participate in the prehearing conference or hearing, you are considered in default. If you default, the case will be resolved without your input and may result in suspension or revocation of your license.**

### **Waiver**

If you **waive your opportunity for settlement and a hearing** in your answer, you may submit a written statement for consideration by the Commission. The Adjudicative Clerk Office must receive your statement within the time allowed for your answer. The Commission will determine sanctions under RCW 18.130.160 based on the facts available to it, which includes the Statement of Charges, any supporting documentation provided to it, and any written statement and/or materials you attached to your answer.

### **Settlement**

Before you can try to settle this matter, you must first file a timely answer and ask for a hearing. After that, you may submit a written statement and any supporting materials to the staff attorney identified on the attached list. If a settlement is not achieved through written documents, you may ask for a settlement conference. If a settlement is not reached, the case will go to a hearing.

**Contact Information**

The names, addresses, and telephone numbers of the presiding officer, the parties, and their representatives are attached. **You must notify the Department and the Adjudicative Clerk Office in writing if your name and/or address changes.**

Based upon RCW 34.05.434, the following parties, representatives, and officers have been given notice of this proceeding:

**Adjudicative Clerk Office**

Adjudicative Service Unit:

P.O. Box 47879

Olympia, WA 98504-7879

Phone: (360) 236-4670

Fax: (360) 586-2171

**Health Law Judge, Presiding Officer**

Department Of Health

P.O. Box 47879

Olympia, WA 98504-7879

Phone: (360) 236-4677

Fax: (360) 586-2171

**Respondent:**

Karen Hamilton, MD

2 - DOH Licensee Health Professional home addr...

**Respondent's counsel:**

**Program Manager:**

Dani Newman, Disciplinary Manager

P.O. Box 47866

Olympia, WA 98504-7866

Phone: (360) 236-2764

**Assistant Attorney General:**

Kristin Brewer

Office of the Attorney General

P.O. Box 40100

Olympia, WA 98504-0100

Phone: (360) 586-2750

Fax: (360) 664-0229

**Representative for settlement purposes**

Teresa Landreau, Staff Attorney

Department Of Health

Medical Commission

P.O. Box 47866

Olympia, WA 98504-7866

Phone: (360) 236-2769

Fax: (360) 586-4573

### Interpreter Request

We can help if you do not speak English well or you are hearing impaired. An interpreter may be at a hearing to help you. The interpreter will be provided at no cost to you.

We need some information from you to provide the right interpreter. Please provide the information below and return it within ten (10) working days.

BUSINESS/CASE NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_

HEARING IMPAIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

English-speaking person to be contacted for any questions:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Requester's signature

**RETURN COMPLETED FORM TO:**

**ADJUDICATIVE CLERK OFFICE**  
**ADJUDICATIVE SERVICE UNIT**  
**P O Box 47879**  
**Olympia, WA 98504-7879**

INTERPRETER REQUEST  
NO. M2011-932

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**KAREN HAMILTON, MD**  
License No. MD00034688

Respondent

**No. M2011-932**

**ANSWER TO  
STATEMENT OF CHARGES**

TO: **Karen Hamilton, MD**

2 - DOH Licensee Health Professional home address...

Correct Name: \_\_\_\_\_

Correct Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct Phone: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:** Please use this form to answer the Statement of Charges and to request an adjudicative proceeding and opportunity for settlement. Correct your name, address, and phone number above, if necessary. Enter your answers below, then sign and date this form. Return it to:

DEPARTMENT OF HEALTH  
ADJUDICATIVE CLERK OFFICE  
ADJUDICATIVE SERVICE UNIT  
P.O. BOX 47879  
OLYMPIA, WA 98504-7879  
TELEPHONE: 360-236-4677

**THE ADJUDICATIVE CLERK OFFICE (ACO) MUST RECEIVE THIS COMPLETED FORM WITHIN TWENTY (20) DAYS FROM THE DATE IT WAS MAILED TO YOU.**

If the twenty (20) day limit results in a hardship, you may request an extension in writing. ACO must receive your request for an extension within twenty (20) days from



the date this form was mailed to you. For good cause, the Medical Quality Assurance Commission (Commission) will grant an extension not to exceed sixty (60) days.

Failure to file an answer within the twenty (20) day time limit or within the time limit established by an extension will result in a default. If you are in default you will lose your right to a hearing, and the Commission will enter a Default Order in this case without your participation. The Default Order may result in the suspension or revocation of your license.

### 1. REQUEST FOR ADJUDICATIVE PROCEEDING AND/OR SETTLEMENT

**INSTRUCTIONS:** Mark one (1) of the following:

- ☐ I waive my right to an adjudicative proceeding. I enclose my written statement and/or materials for the Commission to consider in deciding the case.
- ☐ I request an adjudicative proceeding and an opportunity for settlement. If settlement is not reached, I am entitled to a hearing. I understand that a scheduling order will be issued and that either I or my attorney will be required to participate in all scheduled conferences and the hearing.

### 2. REPRESENTATION

**INSTRUCTIONS:** Mark the appropriate response and provide correct information:

- ☐ I will be represented by an attorney who must file a Notice of Appearance.

Name, address, and phone number are:

Name:

Address:

Phone:

- ☐ I will not be represented by an attorney.

### 3. RESPONSE TO ALLEGATIONS

**INSTRUCTIONS FOR ADJUDICATION/SETTLEMENT:** Indicate below whether you admit, deny, or do not contest each of the alleged facts contained in the numbered

paragraphs in the Statement of Charges. Check one (1) response for each numbered paragraph.

Paragraph Number	Admit	Deny	Do Not Contest
1.1			
1.2			
1.3			
1.4			
2.1			
2.2			

**INSTRUCTIONS FOR WAIVER:** Mark the appropriate response:

- ☐ I have attached a statement and/or other documents in my defense or in mitigation of charges.
- ☐ I have not attached a statement and/or other documents.

#### 4. INTERPRETER REQUEST

**INSTRUCTIONS:** Complete the appropriate information if you request an interpreter because of a limited English speaking ability and/or because of a hearing or speech impairment.

- ☐ I request that a qualified interpreter be appointed to interpret for me due to a limited English speaking ability. My primary language is:  
\_\_\_\_\_
- ☐ I request that a qualified interpreter be appointed to interpret for me due to a hearing and/or speech impairment. My hearing or speech impairment requires that an interpreter be able to communicate in the following language:  
\_\_\_\_\_

## 5. PROCEDURAL RIGHTS

You have the right to an adjudicative proceeding and a hearing, to be represented by an attorney at your own expense, to subpoena witnesses or the production of books or documents, and to otherwise defend against the allegations in the Statement of Charges. The rules relating to the hearing process are contained in Chapter 246-11 WAC.

DATED: \_\_\_\_\_, 2011.

\_\_\_\_\_  
KAREN HAMILTON, MD  
RESPONDENT

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**KAREN HAMILTON, MD**  
License No. MD00034688

Respondent

**No. M2011-932**

**DECLARATION OF SERVICE  
BY MAIL**

Under penalty of perjury under the laws of the state of Washington, I declare that the following is true and correct:

On July 1, 2011, I deposited in the United States mail, a properly addressed and stamped envelope containing a true and correct copy of the Statement of Charges, Notice of your Legal Rights and the Answer to Statement of Charges, on the following parties:

Kristin Brewer, AAG  
Attorney General's Office  
P.O. Box 40100  
Olympia, Wa 98504-0100

Karen Hamilton, MD

2 - DOH Licensee Health Professional home addr...

  
DEBBIE SLOAN, LEGAL SECRETARY

**Original filed with:**  
Department of Health  
Adjudicative Clerk Office  
P.O. Box 47879  
Olympia, WA 98504-7879

DECLARATION OF SERVICE BY MAIL  
NO. M2011-932

PAGE 1 OF 1

EVIDENCE / ATTACHMENTS:

<u>Page</u>	<u>Description</u>
1	NOTICE WAC 246-15-030.
2-4	C. [6 - Identity - W...] 's e-mail to DOH HSQA Complaint Intake dated 01-02-2011, 7:21 p.m. R. Paradiso's e-mail to V. Creighton & C. Hamilton dated 012-03-2011. The Patient's Complaint Statement dated 01-02-2011.
5-21	The Patient's Face book contact sheet with the Respondent dated 01-29-2011. A copy of Dr. Susan Walters Patient medical records.
22-27	Program Management's correspondences (2) to the Patient dated 01-14-2011. The Patient's Whistleblower Release Form dated 01-24-2011. My e-mail to the Patient dated 03-28-2011, 12:55 p.m. The Patient's copied mailing envelope.
28-30	My Fax cover sheet and formal letter to the Arizona Board of Medical Examiners dated 01-28-2011. Fax conformation sheet.
31	Program Management's correspondence to the Respondent dated 01-14-2011.
32-37	The Respondent's Letters (4) of Cooperation dated 02-03-2011 and 02-17-2011.

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## **NOTICE**

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

## **NOTICE**

**Hamilton, Cindy (DOH)**

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**From:** Paradiso, Robin M (DOH)  
**Sent:** Monday, January 03, 2011 8:31 AM  
**To:** Creighton, Vicki I (DOH); Hamilton, Cindy (DOH)  
**Subject:** FW: complaint.pdf  
**Attachments:** complaint.pdf

Robin Paradiso  
Department of Health  
Complaint Intake Unit  
P.O. Box 47857  
Olympia, WA 98504-7857  
MS: 7857  
360-236-4688  
Email: [robin.paradiso@doh.wa.gov](mailto:robin.paradiso@doh.wa.gov)

-----Original Message-----

**From:** 6 - Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075  
**Sent:** Sunday, January 02, 2011 7:21 PM  
**To:** DOH HSQA Complaint Intake  
**Subject:** complaint.pdf



Washington State Department of

**Health**

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

## Complaint Form

**Today's Date:** 2 Jan 2011

### 1. Your Information

Name 6 - Identity - Whistleblower re...

Address: 6 - Identity - Whistleblo...

City 6 - Identity - Whi...

State: 6 - ...

Zip 6 - Ident...

Phone: Work ( 6 - Identity - Whistle... )      Home ( 6 - Identity - Whistlebl... )     

### 2. Information about the Facility or Health Care Professional

Type of facility or profession: Office/Clinic

Name of facility or professional: Dr. Karen Hamilton

Address: 1515 116th Ave NE Suite 105

City: Bellevue

State: WA

Zip: 98004

### 3. Resident/Guest/Patient Information

Full Name (if different than above) \_\_\_\_\_

Date of Birth (of patient, if complaint involves a patient) 02/17/1967

Date of incident: 11/02/2009 and 01/17/2010

**4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov), or fax to 360.236.2626, or mail to:**

Washington State Department of Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857



Please attach any supporting documentation and additional sheets if necessary.

In Oct 2009 I visited Dr Hamilton in her office in Bellevue at the above address. I had gone to see her because I needed surgery to lift my bladder and I had called and asked if the Laser Vaginal Rejuvenation (LVR) procedure offered by Dr Hamilton, which I had seen on an interview on King 5 News, would be able to be performed instead and if it would correct my prolapsed bladder. She assured me it would.

When I went to her office she explained the laser procedure and I was then informed that she did not accept insurance company payments since this was a revolutionary procedure and the insurance companies did not have the correct codes to enter in their system. And, also she was not willing to accept the lower amounts that insurance companies pay for procedures. So I would have to pay for it myself out of pocket. She assured me that this would be much better than the sling option my regular doctor was advising and that it would have no complications. My husband and I took out a loan to cover the \$7500.00 she was asking. I then came back on Nov 2nd for the procedure to be performed, and returned the next day to have the catheter and gauze packing removed. I informed her at the time that I felt like it did not improve my situation, but she kept on insisting it would get better and I just needed to be patient. She also kept asking me if I wished a prescription for Medical Marijuana. I told her no, but she kept advising me of it as an alternative to Narcotics. I called several times over the next few days and she kept telling me to be patient and if I wanted the Marijuana prescription. I had constant intense cramping and pain.

On Nov 9th I was involved in a car accident where I was rear-ended while stopped at a light by a vehicle traveling at high speed. I was then told 2 weeks later by Dr Hamilton that I would need to have the surgery again because the accident had ruined the previous surgery. This time she said she would make an exception and accept the Auto insurance policy to cover it, but she insisted they send the check directly to her, instead of sending it to me and then I countersign it and take it to her. It was for approximately \$5,600.00. I just wanted it fixed and this was the only way she was willing to perform the surgery. I was in a lot of pain so I agreed. She would not perform the surgery until the insurance company check cleared. On Jan 17th she performed the second surgery. As before it did not get much better and she insisted I needed to be patient and the pain would go away along with the other bladder issues. AND, of course, the Medical Marijuana prescription recommendation. Finally I called in March to inform her I was still not getting better and I found out her office was shut down. I left her a phone message and in response She left me a message on my Face Book account saying that "My life has been turned upside down by two unscrupulous ex-employees who defrauded and burglarized my practice, and I have had to suddenly shut down". I found out from Dr Hamilton's nurse that she was let go from Evergreen Hospital for Fraud and she was not supposed to be performing surgical procedures without a Surgeon's direct supervision, and she was not properly trained in the procedure she was performing. Also her Husband was there as an assistant for the procedures and I found out he also was let go from Evergreen. I have to date paid \$13,100.00 to Dr Hamilton. I am still paying back the original loan. I feel I have been taken for a fool. While she has left the state and fled to Arizona.

I have since been to visit my OB/GYN Doctor who apologized for Dr Hamilton's work. She told me I never had Laser Vaginal Rejuvenation (LVR) and that Dr Hamilton had used non-dissolving stitches that still remain exposed and cause constant infections and other pain. She referred me to a Urologist who is at a loss. She said the sutures I have cause the pain and infections, and should not be there. Since she cannot see the entirety of the damage caused by Dr Hamilton until she puts me under Anaesthesia to repair the damage itself we still don't know how extensive it is. But the procedure will have to be redone yet again. Please do something so this Dr Karen Hamilton can never cause pain and distress to another person ever again. Thank you.

6 - Identity - Whistleblower ...

For Department of Health use only			
Reviewed for multiple authority applications:	Date _____	Name _____	
Routed to: Multi-authority coordinator:	_____	date _____	
Office	_____	date _____	
Office	_____	date _____	
Office	_____	date _____	

[27]

Search

Home Profile Find Friends Account

contact

Search Messages

New Message

Back to Messages

Mark as Unread

Report Spam

Delete

Between You and Karen Hamilton



Karen Hamilton July 30, 2010 at 5:47pm Report

Hi [6 - Id...], got your phone message. My life has been turned upside down by two unscrupulous ex-employees who defrauded and burglarized my practice, and I have had to suddenly shut down. Email is the best way to contact me now (or facebook). Please let me know what kind of concerns you are having and I will address them all.  
Karen Hamilton

Reply:

Attach:

Reply

Back to Messages

Game Requests

15 Mafia Wars Game Requests

3 FrontierVille Requests

1 CityVille Request

Friends' Events

See All

DURBIN CREEK CARES "SNOW"  
MUCH DAY  
Saturday, January 29



RSVP: Yes - No - Maybe

Sponsored

Create an Ad

Rowing Coaches Wanted  
skillpages.com



Rowing Coach? Get  
Found by the people  
who need you!

The Perfect Gift Registry  
simpleregistry.com



Register anything,  
anywhere, and redeem  
all gifts as cash. Use  
for wedding, baby  
shower, or any life  
event. Free to sign up!

Get your Fibro Score!  
fibromyalgiatreatmentseattle.com



Free health quiz that  
provides you with a  
Fibromyalgia Score  
based on physical  
symptoms. See where  
you rank! Instant  
answers. Free!

Bisato



The #1 New Dish of  
2010. See why  
SeattleMet calls it "Brad  
and Angelina on a  
dessert plate."

Like - 164 people like this.

RECEIVED

APR 04 2011

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

Q 5413 A  
MAY 19 67  
Q 5414 A  
MAY 19 67

## Encounters

---

**Encounter 6** Date 02/10/2011

**Diagnosis** URINARY ABNORMAL (788.69), OVERACTIVE BLADDER (596.51), URGE INCONTINENCE (788.31), URGENCY (788.63), URINARY FREQUENCY (788.41), STRESS INCONTINENCE FEMALE (625.6), ISD (599.82), Chronic female pelvic pain (625.9)

**Encounter 5** Date 02/01/2011

**Diagnosis** Incontinence (788.30), URINARY ABNORMAL (788.69), URINARY FREQUENCY (788.41), VAGINITIS-ATROPHIC (627.3), URGENCY (788.63), URGE INCONTINENCE (788.31), STRESS INCONTINENCE FEMALE (625.6), NOCTURIA (788.43), OVERACTIVE BLADDER (596.51)

**Encounter 4** Date 01/17/2011

**Diagnosis** URINARY ABNORMAL (788.69), STRESS INCONTINENCE FEMALE (625.6), URGE INCONTINENCE (788.31), URGENCY (788.63), VAGINITIS-ATROPHIC (627.3), URINARY FREQUENCY (788.41)

**Encounter 3** Date 12/17/2010

**Diagnosis** URGENCY (788.63), URGE INCONTINENCE (788.31), STRESS INCONTINENCE FEMALE (625.6)

**Encounter 2** Date 11/29/2010

**Diagnosis**

**Encounter 1** Date 11/24/2010

**Diagnosis** STRESS INCONTINENCE FEMALE (625.6), OVERACTIVE BLADDER (596.51), NOCTURIA (788.43), URGE INCONTINENCE (788.31), URGENCY (788.63), URINARY ABNORMAL (788.69), URINARY FREQUENCY (788.41), VAGINITIS-ATROPHIC (627.3), MALFUNCTION, GU DEVICE/GRAFT NOS (996.3)



## History & Physical Report #6

5 - Healthcare information rea...

2/10/2011 3:20 PM

Location: Urology Northwest

Patient #: 3643000

DOB: 5 - Healthca...

Married / Language: Undefined / Race: Undefined

Female

History of Present Illness (Susan J.S. Walters, MD, FACS; 2/10/2011 5:31 PM)

The patient is a 43 year old female who returns to clinic for a follow up visit. This patient with urinary incontinence that has been going on for 18 years has stress urinary incontinence, leaking with coughing and sneezing. She has urgency and occasional urge incontinence as well. She had laser vaginal rejuvenation surgery twice with Dr. Karen Hamilton. She now has constant pain in her vagina and reports dyspareunia. She has undergone pelvic floor retraining. She underwent urodynamic testing and is back to go over results. Patient also describes a pelvic sensation of burning when she tries to exercise

Allergies (Becki Margeson; 2/10/2011 3:20 PM)

**Codeine/Codeine Derivatives**

Medication History (Becki Margeson; 2/10/2011 3:20 PM)

Synthroid (75MCG Tablet Oral) Active.

Vitamin D (2000UNIT Capsule Oral) Active.

Review of Systems (Becki Margeson; 2/10/2011 3:21 PM)

**General:** Present- Unchanged Since Last Visit. Not Present- Fever, Fatigue and Chills.

**Skin:** Not Present- Rash.

**HEENT:** Not Present- Blurred Vision, Double Vision, Ear Infection, Sinus Pain and Sore Throat.

**Neck:** Not Present- Neck Pain.

**Respiratory:** Not Present- Difficulty Breathing.

**Cardiovascular:** Not Present- Chest Pain, Palpitations and Elevated Blood Pressure.

**Gastrointestinal:** Not Present- Nausea, Vomiting, Constipation, Abdominal Pain, Heartburn and Indigestion.

**Female Genitourinary:** Not Present- Frequency, Painful Urination, Urgency, Urine Leakage, Pelvic Pain, Painful Intercourse, Difficulty Emptying Bladder, Hematuria, Menstrual Irregularities and Vaginal dryness.

**Musculoskeletal:** Not Present- Back Pain and Joint Pain.

**Neurological:** Not Present- Dizziness, Headaches, Numbness and Tremor.

**Psychiatric:** Not Present- Depression, Anxiety and Suicidal Ideation.

**Endocrine:** Not Present- Excessive Thirst, Cold Intolerance and Heat Intolerance.

**Hematology:** Not Present- Blood Clots.

Vitals (Becki Margeson; 2/10/2011 3:20 PM)

2/10/2011 3:20 PM

**Weight:** 269 lb

**Pulse:** 70 (Regular)

**BP:** 136/82 (Sitting, Left Arm, Standard)

Assessment & Plan (Susan J.S. Walters, MD, FACS; 2/10/2011 5:36 PM)

URINARY ABNORMAL (788.69)

**Impression:** Urodynamics shows patient has SUI with ISD but no detrusor instability, and therefore she has sensory urgency rather than motor urgency. Discussed options, treatment of SUI vs OAB vs pelvic burning. Recommended treatment of pelvic pain, ot agreed.

OVERACTIVE BLADDER (\$96.51)

URGE INCONTINENCE (788.31)

URGENCY (788.63)

URINARY FREQUENCY (788.41)

STRESS INCONTINENCE FEMALE (625.6)

ISD (599.82)

Chronic female pelvic pain (625.9)

**Impression:** After discussion of all options recommend patient start nortriptyline 10 mg q.h.s. She may break the medication in smaller pieces if she finds she is ooddy in the morning.

Current Plans

| Nortriptyline HCl 10MG, 1 (one) Capsule at bedtime, #30, 30 days starting 02/10/2011, Ref. x11. Active.

| 6 Week Follow Up for pelvic exam

| Schedule PVR

Signed electronically by Susan J.S. Walters, MD, FACS (2/10/2011 5:36 PM)

## Vital Signs

**Date:** 02/10/2011 03:20 PM  
**Temperature:**  
**Pulse:** 70 (Regular)  
**Respirations:**  
**Peak Flow:**  
**Blood Pressure:** 136/ 82  
**Reading Type:** Manual  
**Cuff Location:** Left Arm  
**Position:** Sitting

**Height:**  
**Weight:** 269 lb  
**Neck:**  
**Waist:**  
**BMI:** -  
**BSA:** -

**Pulse Ox:** -  
**Pain Level:** /10  
**LMP Date:** -  
**Note:**

## History & Physical Report #5

5 - Healthcare information rea...

2/17/2011 1:52 PM

Location: Urology Northwest

Patient #: 3643000

DOB: 5 - Healthca...

Married / Language: Undefined / Race: Undefined

Female

History of Present Illness (Nora Biechele, PA C; 2/2/2011 4:05 PM)

The patient is a 43 year old female who is here for urodynamics.

Problem List/Past Medical (Nora Biechele, PA C; 2/2/2011 4:05 PM)

**URINARY FREQUENCY (788.41)**

**VAGINITIS-ATROPHIC (627.3)**

**URINARY ABNORMAL (788.69)**

**NOCTURIA (788.43)**

**OVERACTIVE BLADDER (596.51)**

**STRESS INCONTINENCE FEMALE (625.6)**

**URGENCY (788.63)**

**URGE INCONTINENCE (788.31)**

**Incontinence (788.30)**

**Thyroid disease (246.9)**

Allergies (Nora Biechele, PA C; 2/2/2011 4:05 PM)

**Codeine/Codeine Derivatives**

Family History (Nora Biechele, PA C; 2/2/2011 4:05 PM)

**Diabetes (250.00)**

**Heart disease (429.9)**

Social History (Nora Biechele, PA C; 2/2/2011 4:05 PM)

**No alcohol use**

**Marital status.** Married to Carlos Weintraub

**Tobacco use.** Former Smoker for 2 years; QUIT 1991

**Fluid Intake Per Day.** Water: 3-4, Juice: 1, Tea: 1-2, Soda Pop: 1 weekly

Medication History (Nora Biechele, PA C; 2/2/2011 4:05 PM)

Synthroid (75MCG Tablet Oral) Active

Vitamin D (2000 UNIT Capsule Oral) Active

Pregnancy / Birth History (Nora Biechele, PA C; 2/2/2011 4:05 PM)

**2 Pregnancies and deliveries**

Past Surgical History (Nora Biechele, PA C; 2/2/2011 4:05 PM)

**Laser vaginal rejuvenation.** Nov 2009, Jan 2010

**Sinus Surgery.** 1986

**DNC, Novasure.** 6/17/2007

Review of Systems (Nora Biechele, PA C; 2/2/2011 4:05 PM)

**General:** Not Present- Unchanged Since Last Visit.

Physical Exam (Nora Biechele, PA C; 2/2/2011 4:05 PM)

The physical exam findings are as follows:

**General**

reveals patient is - healthy-appearing, alert & oriented x 3 and in no acute distress.

Assessment & Plan (Nora Biechele, PA C; 2/2/2011 4:06 PM)



STRESS INCONTINENCE FEMALE (625.6)

Current Plans

- I UROFLOW (51741)
- I COMPLEX CMG (51726)
- I BLADDER VOID PRESSURE (51729)
- I RECTAL PRESSURE (51797)
- I EMG (51784)
- I URETHRAL PRESSURE PROFILE (51729)
- I BCR (51792)
- I URINALYSIS (81000)

Incontinence (788.30)

URINARY ABNORMAL (788.69)

URINARY FREQUENCY (788.41)

VAGINITIS-ATROPHIC (627.3)

URGENCY (788.63)

URGE INCONTINENCE (788.31)

NOCTURIA (788.43)

OVERACTIVE BLADDER (596.51)

Pt in for UDS study. Completed w/o incident. Discharge instructions explained. The pt. understands. Dr. Jacoby is in office

Signed electronically by Nora Biechle, PA C (2/2/2011 4:16 PM)

## **Laboratories**

**URINALYSIS (81000)** Final, Reviewed (Collected: 02/01/2011)

Diagnosis: STRESS INCONTINENCE FEMALE (625.6)

SOURCE OF URINE	void
APPEARANCE	cLEAR
LEUK	sMALL
NITRITE	nEGATIVE
UROBILI	0.2
PROT	nEGATIVE mg/dl mg/dl)
pH	7.0
BLOOD	sMALL (+)
SP. GR.	1.005
KETONES	nEGATIVE mg/dl mg/dl)
BILL	nEGATIVE
GLUC	nEGATIVE mg/dl mg/dl)
MICROSCOPIC COMMENTS	sEE COMMENTS Result Note: 2-3 wbc

## **Procedures**

**UROFLOW (51741)** Performed: 02/02/2011 (Final, Reviewed)

**COMPLEX CMG (51726)** Performed: 02/02/2011 (Final, Reviewed)

**BLADDER VOID PRESSURE (51729)** Performed: 02/02/2011 (Final, Reviewed)

**RECTAL PRESSURE (51797)** Performed: 02/02/2011 (Final, Reviewed)

**EMG (51784)** Performed: 02/02/2011 (Final, Reviewed)

**URETHRAL PRESSURE PROFILE (51729)** Performed: 02/02/2011 (Final, Reviewed)

**BCR (51792)** Performed: 02/02/2011 (Final, Reviewed)

## History & Physical Report #4

5 - Healthcare information r...

1/17/2011 2:55 PM

Location: Urology Northwest

Patient #: 3643000

DOB: 5 - Healthca...

Married / Language: Undefined / Race: Undefined

Female

History of Present Illness (Susan J.S. Walters, MD, FACS; 1/17/2011 3:23 PM)

The patient is a 43 year old female who returns to clinic for a follow up visit. Pt with SUI and h/o vaginal laser rejuvenation surgery, had UD done 2009 and has had PFR with Eve Khan ARNP. Pt notes occasional rectal spasms with the pelvic exercises, about twice a month. Pt feels like she had a UTI but cx was neg, she was treated with Bactrim and sxs went away eventually after intermittent sxs.

Allergies (Becki Margeson; 1/17/2011 2:56 PM)

**Codeine/Codeine Derivatives**

Medication History (Becki Margeson; 1/17/2011 2:56 PM)

Synthroid (75MCG Tablet Oral) Active.

Vitamin D (2000 UNIT Capsule Oral) Active.

Review of Systems (Becki Margeson; 1/17/2011 2:56 PM)

**General:** Not Present- Fever, Fatigue and Chills.

**Skin:** Not Present- Rash.

**HEENT:** Not Present- Blurred Vision, Double Vision, Ear Infection, Sinus Pain and Sore Throat.

**Neck:** Not Present- Neck Pain.

**Respiratory:** Not Present- Difficulty Breathing.

**Cardiovascular:** Not Present- Chest Pain, Palpitations and Elevated Blood Pressure.

**Gastrointestinal:** Not Present- Nausea, Vomiting, Constipation, Abdominal Pain, Heartburn and Indigestion.

**Female Genitourinary:** Not Present- Frequency, Painful Urination, Urgency, Urine Leakage, Pelvic Pain, Painful Intercourse, Difficulty Emptying Bladder, Hematuria, Menstrual Irregularities and Vaginal dryness.

**Musculoskeletal:** Not Present- Back Pain and Joint Pain.

**Neurological:** Not Present- Dizziness, Headaches, Numbness and Tremor.

**Psychiatric:** Not Present- Depression, Anxiety and Suicidal Ideation.

**Endocrine:** Not Present- Excessive Thirst, Cold Intolerance and Heat Intolerance.

**Hematology:** Not Present- Blood Clots.

Vitals (Becki Margeson; 1/17/2011 2:56 PM)

1/17/2011 2:55 PM

**Weight:** 269 lb

**Pulse:** 68 (Regular)

**BP:** 132/74 (Sitting, Left Arm, Standard)

Assessment & Plan (Susan J.S. Walters, MD, FACS; 1/17/2011 3:27 PM)

STRESS INCONTINENCE FEMALE (625.6)

URGE INCONTINENCE (788.31)

URGENCY (788.63)

URINARY FREQUENCY (788.41)

VAGINITIS-ATROPHIC (627.3)

URINARY ABNORMAL (788.69)

Current Plans

I Schedule Urodynamics testing

I Follow Up to Urodynamics

Signed electronically by Susan J.S. Walters, MD, FACS (1/17/2011 10:40 PM)

## Vital Signs

**Date:** 01/17/2011 02:55 PM  
**Temperature:**  
**Pulse:** 68 (Regular)  
**Respirations:**  
**Peak Flow:**  
**Blood Pressure:** 132/ 74  
**Reading Type:** Manual  
**Cuff Location:** Left Arm  
**Position:** Sitting

**Height:**  
**Weight:** 269 lb  
**Neck:**  
**Waist:**  
**BMI:** -  
**BSA:** -

**Pulse Ox:** -  
**Pain Level:** /10  
**LMP Date:** -  
**Note:**

## History & Physical Report #3

5 - Healthcare information re...

12/17/2010 2:10 PM

Location: Urology Northwest

Patient #: 3643000

DOB: 5 - Healthca...

Married / Language: Undefined / Race: Undefined

Female

History of Present Illness (Eve Khan, ARNP; 12/17/2010 6:02 PM)

The patient is a 43 year old female who is here for Pelvic Floor Rehab. She has pain, incontinence and voiding dysfunction. The type of incontinence is urge. Her pain is located in the vagina. The onset has been gradual and has been occurring in a persistent pattern. The course has been increasing. The occurs only during the day time. The urinary leakage occurs with coughing, sneezing, straining and full bladder. The patient is using 3 pads during the day. The urge to urinate is present with associated urge incontinence. There has been no associated fecal incontinence. She has dyspareunia and says this has always been the case. She drinks 7-8 glasses of water a day with 1-2 cups of tea.

Review of Systems (Eve Khan, ARNP; 12/17/2010 6:04 PM)

**General:** Present- Obesity.

**Female Genitourinary:** Present- Frequency, Sudden urges to void, Stress incontinence and Painful Intercourse.

Physical Exam (Eve Khan, ARNP; 12/17/2010 6:05 PM)

The physical exam findings are as follows:

### Female Genitourinary

on pelvic exam she is able to do a kegel exercise, a 2 on a scale of 1-5 she is not able to hold for more than a few seconds, Levator spasma is not present

Procedure: Rectal electrodes attached. Patient went through a series of ten fast contractions and ten slow contractions after removing the electrodes I went over how to use pelvic floor and core muscles in making a position change

Assessment & Plan (Eve Khan, ARNP; 12/17/2010 6:06 PM)

URGENCY (788.63)

URGE INCONTINENCE (788.31)

STRESS INCONTINENCE FEMALE (625.6)

**Impression:** Pt reports UD with a Dr in Everett, will try to obtain records, if unable to may consider repeat of UD

1. Pelvic floor anatomy reviewed and bladder function discussed. Rationale behind doing kegels discussed. Patient will start with ten sets of quick kegels and five sets of slow kegels every day
2. samples of silk lubricant
3. return in 2-3 weeks

Signed electronically by Eve Khan, ARNP (12/17/2010 6:24 PM)

## History & Physical Report #2

5 - Healthcare information rea...

11/29/2010 4:20 PM

Location: Urology Northwest

Patient #: 3643000

DOB: 5 - Healthcar...

Married / Language: Undefined / Race: Undefined

Female

The patient is a 43 year old Female.

Assessment & Plan (Skylar Liles, MA; 11/29/2010 4:22 PM)

Pt notified that urine cx from 11/24/10 was neg and no abx is needed at this time

Signed electronically by Skylar Liles, MA (11/29/2010 4:22 PM)

# History & Physical Report #1

5 - Healthcare information r...  
11/24/2010 2:51 PM  
Location: Urology Northwest  
Patient #: 3643000  
DOB: 5 - Healthcare ...  
Married / Language: Undefined / Race: Undefined  
Female

History of Present Illness (Susan J.S. Walters, MD, FACS; 11/24/2010 4:47 PM)

The patient is a 43 year old female who presents with a complaint of urinary incontinence. The pattern is urge in nature. The onset of the urinary incontinence has been gradual and has been occurring in a persistent pattern for 18 years. The course has been increasing. The urinary leakage occurs with coughing (walking, run, jump, standing up) and sneezing. The patient is using 2 pads during the day. The urge to urinate is present. The symptoms have been associated with obesity. This occurred after the birth 2 wks late of her baby 11lbs 4oz in 1992. The patient has had laser vaginal rejuvenation surgery x2 with Dr Karen Hamilton, whom she reports has lost her license to practice. She now has constant pain in her vagina, and reports dyspareunia, which she notes she had before she had the LVR surgery.

Problem List/Past Medical (Rebekah Carlson, MA; 11/24/2010 3:01 PM)

**Incontinence (788.30)**  
**Thyroid disease (246.9)**

Allergies (Rebekah Carlson, MA; 11/24/2010 3:02 PM)

**Codeine/Codeine Derivatives**

Family History (Rebekah Carlson, MA; 11/24/2010 3:03 PM)

**Heart disease (429.9)**  
**Diabetes (250.00)**

Social History (Rebekah Carlson, MA; 11/24/2010 3:04 PM)

**No alcohol use**  
**Tobacco use.** Former Smoker for 2 years; QUIT 1991  
**Fluid Intake Per Day.** Water: 3-4, Juice: 1, Tea: 1-2, Soda Pop: 1 weekly  
**Marital status.** Married to Carlos Weintraub

Medication History (Rebekah Carlson, MA; 11/24/2010 3:05 PM)

Synthroid (75MCG Tablet Oral) Active  
Vitamin D (2000UNIT Capsule Oral) Active

Pregnancy / Birth History (Rebekah Carlson, MA; 11/24/2010 3:05 PM)

**2 Pregnancies and deliveries**

Past Surgical History (Susan J.S. Walters, MD, FACS; 11/24/2010 3:27 PM)

**DNC, Novasure.** 6/17/2007  
**Sinus Surgery.** 1986  
**Laser vaginal rejuvenation.** Nov 2009, Jan 2010

Review of Systems (Rebekah Carlson, MA; 11/24/2010 3:14 PM)

**General:** Present- Fatigue. Not Present- Recent failure of general health, Recent weight change, Fever and Headaches.  
**HEENT:** Present- Wears glasses/contact lenses. Not Present- Eye Disease or injury and Glaucoma.  
**Respiratory:** Not Present- Chronic Cough, Cough, Shortness of Breath, Asthma, Wheezing and Emphysema.  
**Cardiovascular:** Present- Swelling of Extremities. Not Present- Heart Trouble, Hypertension, Chest Pain, Palpitations and Shortness of Breath.  
**Gastrointestinal:** Present- Constipation, Abdominal Pain and Heartburn. Not Present- Nausea, Vomiting, Diarrhea, Peptic Ulcer and Difficulty evacuating.  
**Female Genitourinary:** Present- Frequency, Burning with urination, Painful Urination, Change in urinary stream, Urine infections, Sensation of incomplete emptying, Straining to void, Sudden urges to void, Urgency, Incontinence or dribbling, Number of pads used (2 liners), Incontinence, Stress incontinence (when coughing or sneezing), Number of times voiding at night (3), Kidney Infections, sexual activity and Painful Intercourse. Not Present- Blood in Urine, Intermittent stream, Difficulty starting stream, Slow stream and Kidney stones.  
**Musculoskeletal:** Present- Back Pain. Not Present- Difficulty in walking, Arthritis and Gout.  
**Neurological:** Present- Back Injury. Not Present- Paralysis, Stroke and Head Injury.  
**Psychiatric:** Present- Insomnia. Not Present- Depression.  
**Endocrine:** Present- Thyroid Disease, Thyroid Problems and Excessive Urination. Not Present- Diabetes and Excessive Thirst.  
**Hematology:** Not Present- Abnormal Bleeding, Easy Bruising, Blood Clots, Anemia, Phlebitis and Past Transfusion.

Physical Exam (Susan J.S. Walters, MD, FACS; 11/24/2010 4:54 PM)

The physical exam findings are as follows:

**General**  
reveals patient is - obese, healthy-appearing, alert & oriented x 3 and in no acute distress.

**Integumentary**

inspection reveals - no rashes and no suspicious lesions.

**Head and Neck**

**Reveals** - normocephalic and atraumatic. neck supple and trachea midline.

**Chest and Lung Exam**

**Reveals** - lungs clear to auscultation. normal excursion with symmetric chest walls.

**Cardiovascular**

**Reveals** - normal heart sounds, regular rate, regular rhythm and no murmurs.

**Abdomen**

**Reveals** - soft, non tender, no masses and no hernias.

SP area tender w/o rebound or guarding

**Female Genitourinary**

**Reveals** - normal external genitalia, mild atrophic vaginitis and urethra hypermobility present. no incontinence on valsalva and urethra is nontender. Note: Mid ant vagina is a horizontal row of stitches with granulation tissue associated with the stitches. **Cystocele** - not present. **Enterocele** - Note: not present **Uterine Prolapse** - Note: not present **Rectocele** - Note: not present **Bladder** - Normal.

**Rectovaginal Exam**

**Sphincter Tone** - No Normal. **Mass** - None palpated.

**Rectal**

**Reveals** - no masses, Non-tender and no external hemorrhoids.

**Lymphatic****Femoral & Inguinal****Generalized Femoral & Inguinal Lymphatics:**

**Bilateral: Description** - Normal.

Assessment & Plan (Susan J.S. Walters, MD, FACS; 11/24/2010 5:10 PM)

URINARY ABNORMAL (788.69)

Current Plans

- I URINALYSIS (81000)
- I CULTURE, URINE (rx if pos)
- I PVR (51798) (097ml)

STRESS INCONTINENCE FEMALE (625.6)

**Impression:** Pt reports UD with a Dr in Everett, will try to obtain records, if unable to may consider repeat of UD

OVERACTIVE BLADDER (596.51)

NOCTURIA (788.43)

URGE INCONTINENCE (788.31)

URGENCY (788.63)

URINARY FREQUENCY (788.41)

VAGINITIS-ATROPHIC (627.3)

MALFUNCTION, GU DEVICE/GRAFT NOS (996.30)

**Story:** Pt reports 2 laser vaginal rejuvenation surgeries which didn't help her sx's much

**Impression:** Sutures and oranulation palpable and visible in the anterior vaginal wall

Current Plans

- I Schedule PFR with Eve Khan, ARNP
- I 2 Month Follow Up to review UD if available

Signed electronically by Susan J.S. Walters, MD, FACS (11/24/2010 5:11 PM)

## Laboratories

**URINALYSIS (81000)** Final, Reviewed (Collected: 11/24/2010)

Diagnosis: URINARY ABNORMAL (788.69)

SOURCE OF URINE	void
APPEARANCE	cLEAR
LEUK	sMALL
NITRITE	nEGATIVE
UROBILI	0.2
PROT	nEGATIVE mg/dl mg/dl)
pH	6.0
BLOOD	IARGE (++++)
SP. GR.	1.015
KETONES	nEGATIVE mg/dl mg/dl)
BILL	nEGATIVE
GLUC	nEGATIVE mg/dl mg/dl)
MICROSCOPIC COMMENTS	25-30WBC

**CULTURE, URINE** Ordered

Diagnosis: URINARY ABNORMAL (788.69)

Order Note: rx if pos

## Procedures

**PVR (51798)** Performed: 11/24/2010 (Final, Reviewed)



## Scanned Documents

#	Date	Title	Approved By	Comments
1	02/01/2011	Urodynamics	Hall, Gail	No
2	02/01/2011	Uro Consent	Hall, Gail	No
3	01/26/2011	Tri West Authorization	Frieboes, Brenda	No
4	01/17/2011	from Dr Steinberg	Walters, Susan J.S. MD, FACS	No
5	01/17/2011	uro Consent	Hall, Gail	No
6	11/24/2010	Cultures	Hall, Gail	No
7	11/24/2010	Privacy Policy Form	Hall, Gail	No
8	11/24/2010	Other-records request	Hall, Gail	No
9	11/24/2010	Dr Pieper	Hall, Gail	No
10	11/10/2010	Outside Records	Walters, Susan J.S. MD, FACS	No
11	11/10/2010	Providence Referral Form	Frieboes, Brenda	No
12	11/03/2010	NP Items From Dr. Orly Steinberg	Walters, Susan J.S. MD, FACS	No

**Urology Northwest, P.S.  
Urodynamic Clinical Report**

**Date:** 02/01/2011 12:28:42 PM

**Name:** 5 - Healthcare information re... **Date of Birth:** 5 - Healthcare in...

**Indications and Comments:** 42 y/o female with SUI, OAB, with urge, urge incontinence, and frequency had laser rejuvenation surgery, and some procedure that has left a vaginal mesh exposure. UD were recommended for evaluation.

**Spontaneous Uroflowmetry:**

Voided Volume: 509 ml

Max Flow: 47 ml/s

Average Flow: 29 ml/s

Residual Urine: 20 ml

**Filling phase – Cystometry:**

The Cystometry was performed using sterile H2O at constant infusion (medium filling rate: 50ml/min) through a TDOC catheter with abdominal pressure monitoring and patient sitting. First filling sensation occurred at 71 ml. The first desire to void occurred at 171 ml, and a strong desire occurred at 184 ml. Maximum cystometric capacity occurred at 309 ml. Patient demonstrated no involuntary detrusor contractions. End filling pressure was 1 cmH2O. Provocative measures were used to establish incontinence. Surface patch electrodes were used to demonstrate EMG.

**LPP Results:** 62 cmH2O

**Voiding Phase - Pressure Flow Study:**

Max Flow: 26 ml/s

Pdet at Max Flow: 31 cmH2O

Max Pdet: 75 cmH2O

Voided Volume: 552 ml

Residual Bladder Volume: 10 ml.

**Urethral Pressure Profile:** The maximum urethral pressure was 72 cmH2O.

**Diagnosis:**

1. Neg BCR
2. Weak Kegel
3. Good bladder compliance and capacity
4. No DI
5. SUI with ISD
6. Mild valsalva pattern at initiation and completion of urination, mid flow normal pattern
7. Consider treatment for the SUI, and/or the sensory urgency

**Examining Doctor:** Susan J.S. Walters M.D.

Urodynamic Clinical Review Sheet

Total H2O instilled: 309  
Total H2O leaked: \_\_\_\_\_

Patient \_\_\_\_\_

5 - Healthcare information readily identifiable to a person - ...

Date: 2/1/2011

5-10cc ±  
coughing/  
Valsalva

**Retention** Initial- VV: 509 Final- VV: 552  
PVR: 20 PVR: 10

- ☒ Empties well  
☐ Mild incomplete emptying  
☐ Mild retention  
☐ Moderate retention  
☐ Retention

Comments: \_\_\_\_\_

**Bladder Compliance**

- ☐ Good bladder compliance  
☐ Adequate bladder compliance  
☐ Decreased bladder compliance  
☐ Poor bladder compliance

Comments: \_\_\_\_\_

**Bladder Capacity**

- ☒ Good bladder capacity  
☐ Adequate bladder capacity  
☐ Decreased bladder capacity  
☐ Poor bladder capacity

**Uninhibited Bladder Contractions**

- ☒ No UBC's seen  
☐ UBC's causing urgency but not leakage  
☐ UBC's causing urgency and leakage

Comments: \_\_\_\_\_

**Stress Incontinence**

- ☐ No stress incontinence seen  
☒ Stress incontinence seen

Comment: \_\_\_\_\_

**Voiding Study**

- ☐ Normal voiding pattern  
☐ High pressure/low flow voiding  
☒ Voids by valsalva  
☐ Pelvic floor activity consistent with valsalva voiding

Comments: \_\_\_\_\_

☐ DSD

☐ Coning

☒ BCR

☒ Kegel

patient forgot to bring voiding diary

02/02/2011

Patient Name  
Date of Birth

5 - Healthcare infor...

Patient ID  
Creation Date3643000  
02/01/2011 12:28:42 PM

**Urology Northwest, P.S.**  
**6005 244th ST SW Suite 111, Mountlake Terrace, Wa, 98043**  
Phone: 425-275-5555

**Patient Information**

Patient Name

5 - Healthcare infor...

Date of Birth

5 - Healthca...

Sex

Female

**Notes**

Referring Doctor

Examining Doctor

Susan J.S. Walters M.D.

**Diagnosis**

Incontinence, abnormal urinary, urinary frequency, atrophic vaginitis, urgency, urge incontinence, stress incontinence, nocturia, OAB, thyroid disease



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

January 14, 2011

6 - Identity - Whistleblower regardi...

COPY

RE: Karen J. Hamilton, MD  
Case No. 2011-152562MD

Dear Ms. 6 - Identity - ...

Thank you for your recent letter in which you express concerns regarding medical care provided by Karen J. Hamilton, MD. Your complaint has been assigned case number 2011-152562MD.

Your complaint will be investigated to determine if a violation of the Uniform Disciplinary Act, RCW 18.130.180, Unprofessional Conduct, has occurred. If you have any additional information pertaining to your complaint, please forward it along with a copy of this letter to me at the address listed below. Please understand that you may not hear from us during the investigation. If we need additional information from you, one of the Commission's investigators will contact you.

Enclosed for your information is the brochure, *What Happens Next?* along with a copy of RCW 18.130.180, the statute that identifies Unprofessional Conduct. Once the investigation is complete, a panel of the Medical Quality Assurance Commission will review the facts of the case and make a decision. You will be notified in writing of the decision.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions or need additional information, please call me at 360-236-2770.

Sincerely,

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98506-7866

Enclosures: What Happens Next?  
RCW 18.130.180



22



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

January 14, 2011

6 - Identity - Whistleblower regard...

COPY

RE: Karen J. Hamilton, MD  
Case No. 2011-152562MD

Dear Ms. 6 - Identity - ... :

Washington state law, RCW 43.70.075, pertains to the "Whistleblower Law" which requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. In some instances, particularly in your case, where you are the consumer of care complaining against a provider, an investigation cannot proceed without disclosure of your identity to the particular provider. This is so the provider can respond appropriately to the allegations of your complaint and provide records specific to your complaint.

This investigation and/or action is contingent upon the disclosure of your identity to the provider. Should you desire this investigation to proceed, your voluntary authorization in the form of an Authorization to Release Complainant's Name will be necessary. I have enclosed this form for your signature, along with a postage paid envelope for its return. Once your waiver is received, your identity will be released solely for the purposes of investigation and adjudication as necessary. Your identity will be protected in all other instances and will not be released in response to public disclosure requests. **Your signed waiver is due back to this office no later than February 1, 2011.**

If you have any questions, please contact me at (360) 236-2770.

Thank you for your cooperation.

Sincerely,

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission  
Medical Investigations  
PO Box 47866  
Olympia, WA 98504-7866

Attachments: Return Envelope  
Waiver of Confidentiality of Identity



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
MEDICAL INVESTIGATIONS

\*\*\*\*\*

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME  
PURSUANT TO RCW 43.70.075  
(DOH WHISTLEBLOWER STATUTE)

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, .... shall remain confidential."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Karen J. Hamilton, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: 6 - Identity - Whistleblower regarding h...  
Date: 1/24/2011  
Home Phone: 6 - Identity - Whistleblower regarding ...  
Day Phone: 11

Printed name: 6 - Identity - Whistleblower regarding health ...  
Please include middle initial  
Date of birth: 6 - Identity - Whistle...  
PLEASE RETURN NO LATER THAN February 1, 2011

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Day Phone: \_\_\_\_\_

CASE #: 2011-152562MD  
RESPONDENT: Karen J. Hamilton, MD

RECEIVED

JAN 26 2011

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

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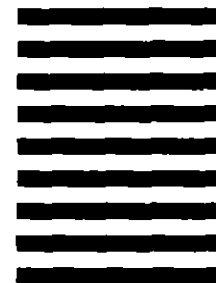
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**Slavin, Timothy (DOH)**

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**From:** Slavin, Timothy (DOH)  
**Sent:** Monday, March 28, 2011 12:55 PM  
**To:** 6 - Identity - Whistleblower regarding healt...  
**Subject:** Case 2011-152562MD

Tim Slavin, Investigator  
PO Box 47866  
Olympia, WA 98504-7866  
Fax (360) 236 2795

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6 - Identity - Whistleblower regarding health care provider - RCW 42.56.5...

**TO**

Tim Slavin, Investigator  
P.O. Box 47866  
Olympia, WA 98504-7866



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Fax



Date: 1/28/11  
Number of pages including cover sheet: 2

To:

Christina C.

Phone:

Fax phone: 425-551-2704

CC:

From:

Tim Slavin, Investigator

PO Box 47866

Olympia, WA 98504-7866

Phone: (360) 236-2778

Fax phone: (360) 236-2795

REMARKS:

☐ Urgent

☒ For your review

☐ Reply ASAP

☐ Please comment

Thank you  
TS

**ATTENTION:** The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above (or the employee or agent responsible to deliver it to the intended recipient). If you received this in error, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone immediately, and return the original message to us at the address listed above via U.S. Postal Service. We will, of course, be happy to reimburse you for any costs. Thank you.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
*PO Box 47866, Olympia, WA 98504-7866*

January 28, 2011

Arizona Board of Medical Examiners  
Ms. Christina Cassetta, Credentialing  
9545 E. W. Doubletree Ranch Road  
Scottsdale, Arizona 85828-5539

Re Case File: 2011-152562MD Dr. Karen J. Hamilton

Dear Ms. Cassetta:

The Washington State Medical Quality Assurance Commission is currently Investigating Dr. Karen Hamilton, Case #2011-152562MD. Dr. Hamilton has recently been under Investigation by the Medical Commission and is currently under review. These Case numbers are 2010-147307MD, 2010-147878MD, 2010-147971MD and 2010-148370MD.

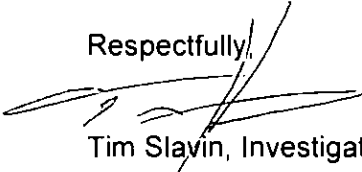
I have attempted to contact Dr. Hamilton concerning my current Case but without success. Please provide me with Dr. Hamilton's mailing address and phone number or any other contact information that would enable me to contact Dr. Hamilton.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe medical care. Under the provisions of RCW 18.130.050, the Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation. Tim Slavin, Investigator, Department of Health, Medical Quality Assurance Commission, 243 Israel Road P.O. Box 47866, Tumwater, Washington 98504-7866.

If you have any questions concerning this request please contact me at (360) 236-2778. Fax (360) 236-2795. Please e-mail me Dr. Hamilton's contact information by e-mail at [tim.slavin@doh.wa.gov](mailto:tim.slavin@doh.wa.gov). Thank you for your anticipated cooperation.

Respectfully,



Tim Slavin, Investigator



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*****
*
*                               TRANSACTION REPORT
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*   FOR: DOH/INVESTIGATIONS      360 586 4573
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30



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

January 14, 2011

Karen J. Hamilton, MD

2 - DOH Licensee Health P...

2 - DOH Licensee Health Professional h...

COPY

SUBJECT: Case No: 2011-152562MD

Dear Dr. Hamilton:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180(4), the Uniform Disciplinary Act. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by a Health Care Investigator from the Medical Quality Assurance Commission, Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

Please note that the Medical Quality Assurance Commission is bound by statute to comply with two different laws, which may seem to conflict. The first requires that we immediately notify a practitioner that a complaint has been filed. ***The second, the whistleblower law RCW 43.70.075, prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver authorizing us to do so. We are sensitive to the fact that it can be very disconcerting to know a complaint has been filed against you, but not know any details about it. Therefore, once the waiver has been obtained, an investigator will contact you as soon as possible and all issues will be discussed as fully as allowed by law so that you will have an opportunity to respond.*** In a very small percentage of cases, a statement from you will not be required and no investigator will contact you.

You may submit a written statement about the complaint at any time, however, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. You may consult with legal counsel at your expense prior to making a statement. Any statement that you make may be used in an adjudicative proceeding concerning this case. If the Commission receives any inquiries about the status of your license while this case is still open, only the existence of a complaint will be disclosed. Once the Investigation and case review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure What Happens Next? along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please contact me at 360-236-2770.

Respectfully,

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission

Enclosure: What Happens Next, RCW 18.130.180





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

February 3, 2011

Karen J. Hamilton

2 - DOH Licensee Health Professional home address...

COPY

Case #2011-152562MD

Dear Dr. Hamilton:

The Washington State Medical Quality Assurance Commission received a complaint from 6 - Identity - Whistleblower regarding... (Patient). I will provide you a copy of the Patient's complaint statement after you have provided me your Fax number. The Patient stated that you had performed laser vaginal rejuvenation (LVR) procedures on her on two separate occasions (November 2009 and January 2010) and neither procedure corrected her prolapsed bladder problem.

The Patient stated that you had told her (Patient) that she would get better with time. When the Patient attempted to contact you in March of 2010, the Patient was told that your office was closed and that you had relocated to Arizona. The Patient subsequently saw other surgeons, one of whom told her that she had never had LVR and that there were exposed non dissolving stitches that were causing her pain and infections. The Patient was told that she would need additional surgery to repair the damage performed by you and to address her original bladder issues.

In order for the Washington State Medical Quality Assurance Commission to fully evaluate this matter, please provide me with Information listed on page two of this letter.

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe health care. Under the provisions of RCW 18.130.050, the Washington State Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

Please be advised this is a preliminary investigation only and no charges have been issued In connection with this investigation.

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PAGE TWO

Under provisions of RCW 18.130.180(8), a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation. The Health Care Information Act, RCW 70.02.050 (2)(a), requires that a health care provider disclose health care information about a patient without patient authorization when the information is needed to determine compliance with state licensure rules or laws.

Under the terms of the laws mentioned, you are asked to provide a narrative statement or documentation addressing the following:

- A narrative statement addressing the care you had provided to the Patient.
- Provide me with a complete copy of the Patient's medical and billing records.
- Provide the Patient with a copy of her own medical records. Please mail these records to the Patient at: 6 - Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70,...
- If you have any information or documentation you deemed necessary for the Medical Commission to review to make an informed decision about this matter please do so at this time.
- What are your future plans to practice medicine in the State of Washington.

If you wish to have an attorney represent you, please have the attorney send us a Letter of Representation at the address below. The Letter of Representation will allow us to speak with them, if necessary, about this matter and ensure they are copied on any correspondence to you.

Please submit your response within fourteen (14) days after receipt of this letter. Mail your response to the address below.

Respectfully,  
**COPY**

Tim Slavin, Investigator  
Department of Health  
Medical Investigation Unit  
P.O. Box 47866  
Olympia, Washington 98504-7866  
(360) 236-2778  
Fax (360) 236-2795

33  
32





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

February 3, 2011

Karen J. Hamilton, MD

2 - DOH Licensee Health Professional home...

COPY

Case #2011-152562MD

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Respectfully,  
**COPY**

Tim Slavik, Investigator  
Department of Health  
Medical Investigation Unit  
P.O. Box 47866  
Olympia, Washington 98504-7866  
(360) 236-2778  
Fax (360) 236-2795



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

February 17, 2011

Karen J. Hamilton, MD

2 - DOH Licensee Health Professional home address an...

COPY

Re File #: 2011-152562MD

Dear Dr. Hamilton::

On February 3, 2011, a letter was sent to you in which you were requested to provide specific information related to the complaint the Medical Quality Assurance Commission is currently investigating. A copy of that letter is enclosed for your review. You were further requested to provide your written response and/or records within 14 days. The request was made based on authority granted in the Uniform Disciplinary Act, RCW 18.130.050 (2) and/or the Health Care Information Act, RCW 70.02.050 (2)(a). As of this date, your response and/or records have not been received.

This letter is the final request for the above referenced information. Please submit the requested information within 3 days. Failure to respond will result in the case being referred to the Medical Quality Assurance Commission for appropriate action based on RCW 18.130.180 (8) for failure to cooperate with an investigation.\_

Again, please submit the requested information within 3 days to:

Tim Slavin, Investigator  
Medical Quality Assurance Commission  
Medical Investigations  
PO Box 47866  
Olympia, Washington 98504-7866

Thank you for your cooperation.

Respectfully,

Tim Slavin, Health Care Investigator  
360-236-2778  
Fax 360-586-4573  
E-mail tim.slavin@doh.wa.gov





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

February 17, 2011

Karen J. Hamilton, MD

2 - DOH Licensee Health Professional h...

Re File #: 2011-152562MD

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Tim Slavin, Investigator  
Medical Quality Assurance Commission  
Medical Investigations  
PO Box 47866  
Olympia, Washington 98504-7866

Thank you for your cooperation.

Respectfully,

Tim Slavin, Health Care Investigator  
360-236-2778  
Fax 360-586-4573  
E-mail tim.slavin@doh.wa.gov



37

Redaction Summary ( 127 redactions )

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6 Privilege / Exemption reasons used:

1 -- "Attorney work product - RCW 42.56.290" ( 2 instances )

2 -- "DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2)" ( 23 instances )

3 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" ( 1 instance )

4 -- "Healthcare Integrity and Protection Data Bank information or National Practitioner Data Bank Information - RCW 42.56.510, 45 CFR 61.14" ( 17 instances )

5 -- "Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020" ( 34 instances )

6 -- "Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075" ( 50 instances )

Redacted pages:

[illegible]

Page 114, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 3 instances  
Page 115, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 2 instances  
Page 116, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 4 instances  
Page 117, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances  
Page 118, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances  
Page 119, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 4 instances  
Page 121, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance  
Page 122, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance  
Page 126, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 2 instances  
Page 127, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance  
Page 127, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance  
Page 128, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance  
Page 129, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance  
Page 129, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance  
Page 130, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance  
Page 131, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance  
Page 133, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance